

**Child's Name** \_\_\_\_\_ Grade completed this past school year \_\_\_\_\_

Birthday \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Phone – Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Home Address \_\_\_\_\_

**Emergency Contact # 1** \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**Emergency Contact # 2** \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**Child may not attend Summer Program without this information!!!**

### **Health History:**

List any illnesses, medical conditions or allergies your child has:

\_\_\_\_\_  
\_\_\_\_\_

### **Immunizations:**

Please list the dates these immunizations were given, and date that your child may have had any of these.

Polio \_\_\_\_\_ HIB \_\_\_\_\_ HBV \_\_\_\_\_

Chicken Pox \_\_\_\_\_ MMR \_\_\_\_\_ DTP \_\_\_\_\_  
\_\_\_\_\_

Name & Phone Number of Family Physician \_\_\_\_\_

Dietary Modifications \_\_\_\_\_

Current Medications \_\_\_\_\_

Hospital preference in case of an emergency (if available) \_\_\_\_\_

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above.

Emergency authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my child, and in the event I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for my child, as names above. This form may be photocopied for camp use.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_