

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 _____