

Camper Name: _____ Session: _____

Health History and Examination Form

(Office Use Only)

Camper Birth Date: _____ Age at Camp: _____ Gender: Male ___ Female ___

Custodial Parent/Guardian: _____ Phone: _____

Home Address: _____
Street Address City State Zip

Work Phone: _____ Cell Phone or Pager: _____

Second Parent / Guardian / Emergency Contact (Please circle one): _____

Home Address: _____
Street Address City/State/Zip Phone: _____

Work Phone: _____ Cell Phone or Pager: _____

If not available in an emergency, notify: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone or Pager: _____

Insurance Information

Is the camper covered by family medical insurance? Yes ___ No ___ Policy Holder's Date of Birth _____

If yes, indicate carrier or plan name: _____ Group #: _____

Carrier Address: _____ Policy #: _____

Name of Insured: _____ Relationship to Camper: _____

Medications

List all over-the-counter and prescription drugs taken regularly by the camper. Pack enough medication to last the entire stay at camp. Make sure that all prescription drugs are in the original container that includes the physician name, medication name and dosage/administration instructions.

Put original containers into a zip-loc bag labeled with the camper's name and take it to the check-in or the bus stop.

Please list all medications taken regularly by the camper.

(Also note any medications taken regularly by the camper that they will not be taking while at camp.)

Medication: _____ Reason for taking: _____

Dosage/Administration Instructions: _____

Medication: _____ Reason for taking: _____

Dosage/Administration Instructions: _____

Medication: _____ Reason for taking: _____

Dosage/Administration Instructions: _____

★ PLEASE RETURN TO TEACHER ★

16