

2022 CAMPER HEALTH FORM

Camper's Name _____ Camp Attending _____

Medical Information/Health History:

Operations or serious injuries _____

Communicable diseases, chronic illnesses _____

Penicillin or other drug reactions _____

Food or other allergies _____ Special Diet _____

Current necessary health procedures _____

Medications currently being taken _____

(All prescription and over the counter medications, should be in original containers clearly marked with physicians instructions, and presented to the nurse at registration.)

In case of an emergency I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by camp health personnel to secure proper treatment for my child including hospitalization and/or surgery. I give permission for the camp health personnel to administer non-prescription medications listed in the camp doctor's standing orders in the event of minor illness.

***Parent's Signature** _____ **Date** _____

Camp Nurse's Signature _____ Date _____

***Items with asterisk are required for camp admittance**