

CAMPER INFORMATION:

Last Name _____
First Name _____
Date of Birth _____
Male / Female (Circle) Age: _____
Address _____
City, State, Zip _____
Home Phone _____

FATHER'S INFORMATION

Last Name _____
First Name _____
Address _____
City, State, Zip _____
Home Phone _____
Work Phone _____
Business Name _____
City/State _____

MOTHER'S INFORMATION

Last Name _____
First Name _____
Address _____
City, State, Zip _____
Home Phone _____
Work Phone _____
Business Name _____
City/State _____

EMERGENCY CONTACT INFORMATION

Last Name _____
First Name _____
Address _____
City, State, Zip _____
Home Phone _____
Work Phone _____
Business Name _____
City/State _____

HEALTH HISTORY

Check and give approximate month and year:
Frequent ear infections _____
Heart defect/disease/problems _____
Convulsions _____
Diabetes _____
Bleeding/clotting disorders _____
Hypertension _____
Psychiatric treatment _____
Mononucleosis _____
Constipation _____
Bed wetting _____
Sleep walking _____
Upset stomach _____
Chicken pox _____
Measles _____
German measles _____
Mumps _____

Check and give any necessary information

Hay fever allergy _____
Poison ivy allergy _____
Insect stings allergy _____
Penicillin allergy _____
Tylenol, Aspirin _____
Other drugs allergy _____
Asthma _____
Other allergies _____

For female campers:

Has this person menstruated? _____
If no, has she been told about it? _____
If yes, is her menstrual history normal? _____
Has this camper ever required any psychiatric counseling or hospitalization? _____

Operations or serious injuries (dates): _____

Disability or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary modifications: _____

Current medication (send with instructions): _____

Other diseases or details of above: _____

Name of dentist/orthodontist _____

City _____

Phone _____

Name of family physician _____

City _____

Phone _____

Immunization History

Please record the month and year of the basic and most recent booster doses:

DPT or TD or Tetanus _____

Polio-oral or injectable _____

Measles - hard/red/Rubeola _____

Mumps _____

Rubella-German/3-day _____

Other _____

Other _____

Most recent tuberculin test given _____

Suggestions or health related information for camp personnel: _____

