

ALLERGIES: List all known allergies. Describe reaction and management of reaction. Attach additional pages for more allergies.

Medication Allergies Describe reaction and management of reaction.

Food Allergies

Other Allergies Include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN: Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

__ This person takes NO medications on a routine basis OR __ This person takes medications as follows:

Medication #1 _____ Dosage: _____ Specific Times Taken Each Day: _____

Reason for Taking: _____

Medication #2 _____ Dosage: _____ Specific Times Taken Each Day: _____

Reason for Taking: _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

GENERAL HEALTH HISTORY: Please complete the below health history. Explain "Yes" answers below. Attach additional pages for more information.

HAS/DOES THE PARTICIPANT:	YES	NO		YES	NO
1. Had any recent injury, illness or infectious disease?	_____	_____	16. Ever had back problems?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____	17. Ever had problems with joints (e.g., knees, ankles)?	_____	_____
3. Ever been hospitalized?	_____	_____	18. Have an orthodontic appliance being brought to camp?	_____	_____
4. Ever had surgery?	_____	_____	19. Have any skin problems (e.g., itching, rash, acne)?	_____	_____
5. Have frequent headaches?	_____	_____	20. Have diabetes?	_____	_____
6. Ever had a head injury?	_____	_____	21. Have asthma?	_____	_____
7. Ever been knocked unconscious?	_____	_____	22. Had mononucleosis in the past 12 months?	_____	_____
8. Wear glasses, contacts, or protective eyewear?	_____	_____	23. Had problems with diarrhea/constipation?	_____	_____
9. Ever had frequent ear infections?	_____	_____	24. Have problems with sleepwalking?	_____	_____
10. Ever passed out during or after exercise?	_____	_____	25. If female, have an abnormal menstrual history?	_____	_____
11. Ever been dizzy during or after exercise?	_____	_____	26. Have a history of bed-wetting?	_____	_____
12. Had seizures?	_____	_____	27. Ever had an eating disorder?	_____	_____
13. Ever had chest pain during or after exercise?	_____	_____	28. Ever had emotional difficulties for which professional help was sought?	_____	_____
14. Ever had high blood pressure?	_____	_____			
15. Ever been diagnosed with a heart murmur?	_____	_____			

Please explain any "yes" answers, noting the number of the questions (attach additional sheets as necessary)

Which of the following has the participant had?

___ Measles

___ Chicken Pox

___ German Measles

___ Mumps

___ Hepatitis

Please give all dates of immunization for:

Vaccine Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr

DTP _____

TD (tetanus diphtheria) _____

Tetanus _____

Polio _____

MMR _____

or Measles _____

or Mumps _____

or Rubella _____

Haemophilus influenza B _____

Hepatitis B _____

Varicella (chicken pox) _____

BCG _____

TB Mantoux Test

Date of last test : _____

Result: ___ Positive ___ Negative

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware. In addition please list any medical restrictions to diet or physical activities (attach additional sheets as necessary).

Signature of family physician: _____ Phone: _____
 Address: _____

Name of family dentist/orthodontist: _____ Phone: _____
 Address: _____

NO CHILD WILL BE PERMITTED TO ATTEND CAMP WITHOUT A COMPLETED HEALTH FORM ON FILE.