CAMPER HEALTH RECORD

Camper Information:

Child's Name: _____ Male / Female (circle)

Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Health Insurance Information:

Health Insurance CO: _____

Policy Number: _____

Family Doctor: _____ Phone: _____

Health History:
(check if applicable)

___ Asthma ___ Diabetes ___ Convulsions ___ Fainting Spells ___ Heart Condition

___ Ear Infections ___ Poison Oak ___ Insect Sting Allergy ___ Hay Fever

If yes, please explain: _____

Description of any camp activities from which the camper should be exempted for health reasons:

_____

Past Medical Treatment: _____

Allergies or Reaction to Medicine: _____

Dietary Restrictions: _____

Immunizations – up to date as required by school district (check) ___ Yes ___ No

Current Medications: _____

Description of any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or consideration while at camp: _____

_____

I do hereby authorize Hope Loves Company and Fairview Lake YMCA staff to act for me in accordance with their best judgment in any emergency requiring medical attention for child listed.

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____