

HEALTH HISTORY FOR STAFF & CAMPERS



PARENTS FILL OUT:

Bunk _____ SS# _____

Camper's Name _____ Birth date _____ Sex _____ Age _____

Parent or Guardian _____

Home Address _____ City _____ State _____ Zip _____

EMERGENCY NUMBERS

1. Name _____ Phone _____ Cell _____

2. Name _____ Phone _____ Cell _____

3. Name _____ Phone _____ Cell _____

HEALTH HISTORY (Give approximate dates)

Frequent Ear Infections _____

Heart Defect/Disease _____

Convulsions _____

Diabetes _____

Epilepsy _____

Bleeding/Clotting _____

Hypertension _____

Mononucleosis _____

Chicken Pox _____

Measles _____

German Measles _____

Mumps _____

Other Illnesses _____

Operations or serious injuries (with dates)

Chronic or recurring illness or medical condition
(include dates) _____

Does applicant have ADHD? Yes No

Does applicant have asthma? Yes No

Mild Moderate Severe

CURRENT TREATMENTS

The Camper is under the care of a physician for the following condition(s):

History of eating disorders:

Does the camper have any medically prescribed meal plan or dietary restrictions? Yes No

If yes, please explain:



