



Health Form & Parent/Guardian Authorization

The Camper's physician is to fill out this form in full, and a **parent/guardian must sign the authorization below.**

OR

This form may be attached to a copy of the Camper's school medical form, and a **parent/guardian must sign the authorization below.**

Camper _____
Guardian _____
Emergency Contact _____

Date of Birth _____
Phone _____
Phone _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam: _____

_____ May participate in all camp activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription or over-the-counter medications? Yes ___ No ___

If yes, specify: _____

Please explain any "yes" answers below:

Does the individual have allergies? _____

Is the individual on a special diet? _____

Does the individual have special needs? _____

This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Print name of medical care provider:

Medical care provider's address:

Signature of Physician, APRN or PA

Date form signed

PARENT OR GUARDIAN AUTHORIZATION *(Required for all persons under 18):*

This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection or anesthesia for surgery for the person named above.

SIGNATURE _____ DATE _____