



# 2008 Health Form

**CAMPER MAY NOT ATTEND CAMP WITHOUT A HEALTH FORM**

Counselor  
  Adult Staff  
  June Kids Camp  
  Teen Camp  
  August Kids Camp

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Camper's Social Security # \_\_\_\_\_

(Please Print)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If not available in emergency, notify: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH HISTORY:** Check giving approximate dates camper has had or received the following.

Asthma	Ear Infections	Poison Ivy
Bleeding/Clotting Disorders	Hypertension	Allergies
Convulsions	Heart Defect/Disease	
Diabetes	Insect Stings	

HEALTH HISTORY: Check if camper has had the disease or give date of last immunization.

\_\_\_\_\_ Chicken Pox \_\_\_\_\_ DPT \_\_\_\_\_ MMR

**IMPORTANT: PLEASE NOTIFY THE CAMP DIRECTOR OF ANY EXPOSURE TO INFECTIOUS DISEASE IN THE THREE WEEKS PRIOR TO CAMP.**

Operations or serious injuries (dates) \_\_\_\_\_

Chronic or re-occurring illness and treatment which may be needed while at camp: \_\_\_\_\_

Dietary modification and current medication: \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any specific activities to be restricted: \_\_\_\_\_

Please list any special considerations you feel we need to be aware of (such as bed wetting, car sicknesses, sleepwalking) on back of this form. Information is **CONFIDENTIAL**.

**PARENT'S AUTHORIZATION:** To my knowledge this health history is correct so far as I know, and the person herein described has permission to engage in all Camp activities except as noted. I hereby give permission to the physician of the 4-H Adventure Camp to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, permission to secure proper treatment for, hospitalization, order injection and /or anesthesia and/or surgery for my child as named above.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMPER AGREEMENT:** I also understand and agree to abide by the restrictions placed on my activities and agree to assist the 4-H Adventure Camp staff in my health care.

Signature of Minor 4-H Adventure Camper: \_\_\_\_\_