

Camp Tanager - Camper Health History Form

PARENT/GUARDIAN : BOTH SIDES OF THIS FORM MUST BE COMPLETED

SECTION 1

Child's Name: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

MEDICAL INFORMATION / HEALTH HISTORY

(Completed within 6 months of camp attendance)

Childhood Immunization date (series & boosters) or date of illness. Immunization information is required for:

Polio

DPT (Diphtheria, Pertussis, Tetanus)

MMR (Mumps, Measles, Rubella)

Hepatitis B

You will need to obtain your child's immunization record from the doctor and attach it to this form. If you have an immunization card, a copy can be made for you during check-in.

Please list any surgical procedures and dates: _____

Tubes in ears? _____ Urinary Routines/Needs? _____

Are ear plugs needed? _____

Skin Conditions? _____ Bowel Routines/Needs? _____

Heart Conditions? _____ Sleep Habits/Needs? _____

Susceptibility of colds/asthma? _____ **Child's allergies- IMPORTANT**: Please note all allergies (food, bees stings, drugs, inhalents etc.)

Seizures? _____ Type _____

Describe _____

How frequently and when most likely to occur? _____ Activity Limitations: _____

How are they handled? _____ Date of last tetanus: _____

Family Dr. _____

Phone #: (_____) _____

****PLEASE TURN TO THE REVERSE PAGE****

PLEASE COMPLETE BOTH SIDES. THIS FORM MUST BE COMPLETED AND SIGNED. IT SHOULD ACCOMPANY YOUR CHILD TO CAMP.

DO NOT MAIL THIS FORM

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SECTION 2A

MEDICATIONS YOUR CHILD WILL BE TAKING AT CAMP: All medications must be prescribed by a physician and in an accurate, clearly labeled pharmacy bottle. Non-prescription medications must be accompanied by signed written instructions of parent/guardian or physician.

MEDICATION	DOSAGE	FREQUENCY	TIME
<i>Example: Ritalin</i>	<i>One 10mg. tablet</i>	<i>2 times a day</i>	<i>8 AM, 12 PM</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 2B

I also approve and understand that there may be over-the-counter medications* given to my child during his/her stay at Camp. I understand it is my responsibility to notify the Camp Nurse of any change in health status or medication since the time this form was completed.

Authorization - Please read and sign

PARENT/GUARDIAN:

I, _____ request the above medications to be given to my child
(Parent/Guardian)

_____ during my child's stay at Camp Tanager. I have also read and
(Child's Name)
agree to the statement in section 2b of this form.

Parent/Guardian Signature: _____ Date: _____

*A list of approved medications can be obtained from the Camp Director.