

# Health Form

## Camp Pinetreat 2008

Camper's Name: \_\_\_\_\_  
Last First MI

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Completion of this Health Form is required for final registration. This form is due with the Registration Form.

Parent/Guardian \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Camper is in good health and may participate in all normal activities: \_\_\_\_ Yes \_\_\_\_ No  
*If "No," please submit a statement indicating limitations: any physical, emotional or psychological problems the camper has experienced. Please notify the camp director if the camper has been exposed to any communicable disease within three weeks prior to camp.*

**Immunizations:** All immunizations are the responsibility of the family physician or clinic.  
Please give the date of the most recent:

DTP Series \_\_\_\_\_ DTP Booster \_\_\_\_\_ Mumps/MMR \_\_\_\_\_

Tetanus Booster \_\_\_\_\_ Polio Series \_\_\_\_\_ Polio Booster \_\_\_\_\_

**General Health** (If any answer is checked, please submit a statement of required treatment and appropriate medication. ALL medication brought to camp must be left with the camp director.)

This camper has problems with:

\_\_\_\_ Hay Fever \_\_\_\_ Asthma \_\_\_\_ ADD \_\_\_\_ Convulsions \_\_\_\_ Insect Bite or Sting \_\_\_\_ Poison Ivy \_\_\_\_ Fainting

\_\_\_\_ Sulfa Drugs \_\_\_\_ Benadryl \_\_\_\_ Penicillin \_\_\_\_ Food Allergies\*: \_\_\_\_\_

Does camper wear contacts or glasses? \_\_\_\_\_ Operation or Injury (please specify) \_\_\_\_\_

### For Girls Only...

Has girl menstruated? \_\_\_\_ Yes \_\_\_\_ No

Has girl been told about menstruation? \_\_\_\_ Yes \_\_\_\_ No

Name of Camper's Physician \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Physician's Address \_\_\_\_\_

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

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

I hereby give permission for Camp Pinetreat to administer the following over-the-counter medications if the health supervisor deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Tylenol (headaches) Pepto Bismal (upset stomach)  
Imodium AD (diarrhea) Calamine Lotion (poison ivy)

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_