

**HEALTH AND EMERGENCY INFORMATION FOR
FOR CAMPERS AND CAMP COUNSELORS (CITs)
ATTENDING HOLY FAMILY SUMMER CAMP**

This form is to be filled in by parent/guardian of minor.

Please attach your daughter's IMMUNIZATION RECORD.

Name _____ Birthdate _____ Age _____
Last First Initial

Parent or Guardian _____ Phone _____
Name Area/Number

Home Address _____
Street and Number City State Zip

Business Address _____
Street and Number City State Zip

Emergency Contact _____

Home Address _____

Home Phone _____ Business Phone _____

If not available in an emergency notify: _____

Address _____ Phone _____

Health History

Check (give approximate dates)

- _____ Frequent ear infections
- _____ Heart Defect/Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Hypertension
- _____ Mononucleosis

Diseases

- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps

Allergies

- _____ Hay Fever
- _____ Poison Oak
- _____ Insect Stings
- _____ Penicillin
- _____ Other Drugs
- _____ Asthma
- _____ Other (Specify)

Has this Camper ever required Hospitalization _____
 Explain _____
 Operations/serious injuries (dates) _____
 Disability or chronic or recurring illness _____
 Activities limited by a physician _____
 Dietary modifications _____
 Medications (send with instructions) _____
 Other diseases or details of above _____
 Name of Dentist/Orthodontist _____ Phone _____
 Name of Family Physician _____
 Date of last Physical Examination _____
 Do you carry family medical/hospitalization insurance YES _____ NO _____
 If so, indicate: Carrier _____ Policy or Group # _____
 Suggestions on health related information for camp personnel _____

This Health History is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or 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 my child named as above. The completed form may be copied for trips out of camp.

Signature of parent _____
 Witness _____ Date _____