Camp Nazareth

Week(s) Attending: _

Health History Form

Information on this form is not part of the camper acceptance process but is gathered to assist us in identifying appropriate care.

*A Medication Authorization form must be filled out by your physician and attached for any medications

needed	during y	our child/	l's stay al	t Camp	Nazareth*	

Camper Name		// Gender _	Age					
Last First	MI							
Parent or Guardian (Last Name, First Name)	Home Address	Home Phone #	Cell Phone #					
If Parent/Guardian not available in an emerge	ncy, notify:							
	Important – This box Must be Comp	eted for Attendance						
This health history is correct so far as I kn <u>Authorization for Treatment</u> : I hereby give per to release any records necessary for insurant cannot be reached in an emergency, I here including hospitalization, for the person name	ermission to the medical personnel selected ce purposes; and to provide or arrange nec by give permission to the physician select	d by the camp director to orde essary related transportation ted by the camp director to s	er X-rays, routine tests, treatment; for me/or my child. In the event I secure and administer treatment,					
Signature of Parent/Guardian/Adult camper/St	taff	Date						
*If for religious reasons you cannot sign	this, then the camp should be contacted for	a legal waiver, which must be s	signed for attendance.					
List Any Disabilities/Diseases:								
Operations or serious injuries (list dates):								
Chronic/recurring illness or medical condition	:							
Name of Dentist/Orthodontist:		Phone ()	<u> </u>					
Name of Family Physician:		Phone ()						
Do you carry family medical/hospital insurance	e?YesNo If yes, indicate							
Carrier:								
Policy or Group #:Addre	Policy or Group #:Address:							
Suggestions on health or behavioral related in	formation for camp personnel:							
IEP, Health Care Plans etc that we should be a	ware of? (Please list and attach plan if yes)	YESNO						

TO BE FILLED OUT BY PARENT/GUARDIAN

		Health His (Check All tha	•					
Convulsions	Distantes		Diseases (with Dates):					
Convulsions	Diabetes							
Hypertension	Mononucleosis		Chicken Pox		German Measles			
Bleeding/Clotting Disorde	rs		Measles		Mumps			
Frequent Ear Infections								
Heart Defect/Disease								
Allergies (List all allergies here):	Reaction				Reaction			
Seasonal Allergies (hay fever)	_Seasonal Allergies (hay		Medications					
Ivy Poisoning, etc.			Asthma					
Insect Stings								
For Female: Has this person menstruated? If not, has she been told about it? If so, is her menstrual history normal? Special Consideration Section 1394 of the public health law: Each children's overnight camp, summer day camp and traveling summer day camp shall allow children attending such camp to carry and use insect repellent with the written permission of a parent or guardian of any child. A record of such permission shall be maintained by the camp. A child who is unable to physically apply insect repellent may be assisted by unlicensed personnel when directed to do so by the child, if permitted by a parent or guardian and authorized by the camp. By initialing this box, I give permission for my child to carry and use insect repellent at Camp Nazareth.								
Please list all Prescription and Over the Counter Medications that will be sent with camper. A Medication Authorization Form must be submitted with all medications. Drug Name Comments								
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