

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 COPY OF YOUR CHILD'S UP TO DATE IMMUNIZATION RECORD MUST BE ATTACHED! ***

A Medication Authorization form must be filled out by your physician and attached for any medications needed during your child's stay at Camp Nazareth

Camper Name _____ Birth Date ____/____/____ 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 emergency, notify: | | | |
| | | | |

Important – This box Must be Completed for Attendance

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. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related 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 the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian/Adult camper/Staff _____ Date _____

*If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver, which must be signed for attendance.

List Any Disabilities/Diseases: _____

Operations or serious injuries (list dates): _____

Chronic/recurring illness or medical condition: _____

Name of Dentist/Orthodontist: _____ Phone () _____

Name of Family Physician: _____ Phone () _____

Do you carry family medical/hospital insurance? ____ Yes ____ No If yes, indicate

Carrier: _____

Policy or Group #: _____ Address: _____

Suggestions on health or behavioral related information for camp personnel:

IEP, Health Care Plans etc that we should be aware of? (Please list and attach plan if yes) YESNO

TO BE FILLED OUT BY PARENT/GUARDIAN

