

Camp Concordia Health Form

First Name _____ Last Name _____
Birthday ___ / ___ / ___ Age _____ Grade this Fall _____ Sex _____
Address _____ Home Phone _____
City _____ State _____ Zip _____ Cell Phone _____
Parent 1 First Name _____ Last Name _____ Work Phone _____
Parent 2 First Name _____ Last Name _____ Work Phone _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name _____ Relationship _____ Phone _____
Doctor _____ Phone _____
Dentist _____ Phone _____
Pharmacist _____ Phone _____

NAME OF FAMILY MEDICAL/HOSPITAL INSURANCE:

Insurance Carrier _____ Policy # _____
Insurance Phone Number To Call (if applicable) _____ Date of Last Physical ___ / ___ / ___

HEALTH HISTORY: List any medical concerns over the last 2 years that we should be aware of, i.e.: Ear infection, Surgeries, Psychological, Heart Condition, Convulsions/Seizures, Blood Disorders, Hypertension, Mono, Broken Bones.

ALLERGIES: Hay Fever Poison Ivy Insect Stings Asthma Penicillin Other Drugs: _____

Does the above named camper have any current infectious diseases: ___ No ___ Yes If Yes, Please Explain (respiratory and/or circulatory) ie. Cold, Rubella, HIV, Tuberculosis etc.

List physical limitations or specific activities to be limited by parent/physician advice? Other information we need to know?

Medications Brought To Camp: _____

Notes on Giving: _____

___Acetaminophen, ___Ibuprofen, ___antacids, ___anti-diarrhea medication, and ___first aid May May Not (check one) be administered to my child as needed by designated staff members.

IMMUNIZATION HISTORY: (dates of last boosters)

Tetanus ___ / ___ / ___ Oral Polio (Sabin) TOPV ___ / ___ / ___ Injectible Polio (Salk) ___ / ___ / ___
Measles ___ / ___ / ___ Mumps ___ / ___ / ___ Rubella ___ / ___ / ___ Tuberculin Test ___ / ___ / ___

If female, has she menstruated? yes no

Has she been told about it? yes no

Is menstrual history normal? yes no

Special Considerations? _____

AUTHORIZATIONS:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above. I also give permission to Camp Concordia, which is licensed by the Michigan Department of Social Services, to provide routine, non-surgical medical care and to secure emergency medical and surgical treatment for the camper named above, while attending camp. In the event I cannot be reached in an emergency, I give permission to the physician selected by Camp Concordia to hospitalize, secure proper treatment, order injection, and/or anesthesia, and/or surgery.

Signature of Parent/Guardian _____ Date _____