

Camper's Name _____

HEALTH HISTORY OF PARTICIPATING CAMPER

To the parent/guardian: Please read carefully and check off the appropriate answer to the best of your knowledge.

1. Is your child's immune record up to date? Yes___ No___
If No, please indicate when it will be up to date: _____
2. Is your child currently under a physician's care? Yes___ No___
If Yes, please explain: _____
3. Has your child ever been unconscious (blackouts after any injury), had a fractured skull or been treated for a concussion? Yes___ No___
4. Has your child ever had a fracture or dislocation? Yes___ No___
5. Has any family member died of sudden death? Yes___ No___
6. Has your child ever had a heart murmur, chest pains, or palpitations? Yes___ No___
7. Has your child ever had surgery? Yes___ No___
8. Has your child ever had to stay in hospital? Yes___ No___
If yes, please explain: _____
9. Does your child take medication daily? Yes___ No___
If yes, please explain: _____
10. Does your child suffer from any allergies? Yes___ No___
If yes, please explain: _____
11. Is your child allergic to seafood, peanut products and/or by-products? Yes___ No___
If yes, please explain which: _____
12. Has your child been diagnosed as asthmatic? Yes___ No___
13. Is your child allergic to bee stings? Yes___ No___
14. Has your child had a recent illness or injury? Yes___ No___
15. Has your child been diagnosed with a lung disease? Yes___ No___
If yes, please explain: _____
16. Has your child ever had a seizure? Yes___ No___
17. Has your child ever had a problem with blood sugar? Yes___ No___
18. Has your child been diagnosed as having diabetes? Yes___ No___
19. Has your child been diagnosed as having Sickle Cell Anemia? Yes___ No___
20. Has your child has a recent history of fatigue and undue tiredness? Yes___ No___
21. Has your child ever been diagnosed as having an enlarged spleen? Yes___ No___
22. Has your child been diagnosed with a kidney disease? Yes___ No___

Child's Physician's Name _____

Physician's Office Address _____

Physician's Phone Number: _____