SUMMER CAMP 2020
HEALTH HISTORY FORM

50 N. Plymouth Ave
Rochester, New York 14614

CAMP NAME(S)_____

Name_____**Birthdate**_____**Sex**_____**Age**_____
Last First

Home Address_____**Phone**_____
Street City State Zip

Parent/Guardian_____
Name Phone Alternate Phone

If not available in an emergency, notify_____

Relationship_____Phone_____Alt. Phone_____

Address_____
Street City State Zip

Insurance Information
Is the participant covered by family medical/hospital insurance? □ Yes □ No
If so, indicate carrier or plan name _____ Group/Policy # _____

Name of Physician_____Phone_____

Name of Dentist/Orthodontist_____Phone_____

Medications: All medications (prescription and non-prescription) must be given to the Camp Director upon arrival at camp. All medications must be in the original container with the camper's name and physician's directions as to dosage and administration.

Medication Instructions for Use Reason for Use

_____

_____

_____

General Questions

Has/does the camper:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	□	□	13. Ever had back problems?	□	□
2. Have a chronic or recurring illness/condition?	□	□	14. Ever had problems with joints (eg knees, ankles)?	□	□
3. Ever been hospitalized?	□	□	15. Have an orthodontic appliance to be worn at camp?	□	□
4. Ever had surgery?	□	□	16. Have any skin problems (eg itching, rash, acne)?	□	□
5. Have frequent headaches?	□	□	17. Have diabetes?	□	□
6. Ever had a head injury?	□	□	18. Have asthma?	□	□
7. Ever been knocked unconscious?	□	□	19. Had mononucleosis in the past 12 months?	□	□
8. Wear glasses, contact or protective eye wear?	□	□	20. Had problems with diarrhea/constipation?	□	□
9. Ever had frequent ear infections?	□	□	21. Have problems with sleepwalking?	□	□
10. Ever passed out during or after exercise?	□	□	22. Ever had seizures?	□	□
11. Ever had high blood pressure?	□	□	23. Ever been diagnosed with a heart murmur?	□	□
12. Ever had chest pain during or after exercise?	□	□	24. Any allergies (hay fever, insect stings, food)	□	□

Please explain any "yes" answers, noting the number of the question:

_____

_____

_____

Does camper have any dietary modifications? _____

_____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)_____

_____

_____

Use the following space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

_____

_____

_____

In the event I am unable to pick up my child from camp, I hereby authorize the following person to do so:

_____

Name Relationship Phone

PARENTAL CONSENT: _____(student's name) has my permission to attend Camp at 50 North Plymouth Avenue, Rochester, New York during the week(s) of _____ (indicate date(s) of attendance). I understand that should problems arise that require it, I will come and get the student. In case of any emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the program director to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for the student.

Parent Name (print) _____ Parent Name (sign) _____

Date: _____