

HEALTH HISTORY:

Is bed wetting a problem? Yes No Does you child sunburn easily: Yes No

APPROVED FOR PARTICIPATION IN:

HIKING AND CAMPING	WATER ACTIVITIES	STRENUOUS ACTIVITY	COMPETITIVE SPORTS
<input type="checkbox"/> No Restriction	<input type="checkbox"/> No Restriction	<input type="checkbox"/> No Restriction	<input type="checkbox"/> No Restriction
<input type="checkbox"/> Moderate Activity	<input type="checkbox"/> Moderate Activity	<input type="checkbox"/> Moderate Activity	<input type="checkbox"/> Moderate Activity
<input type="checkbox"/> No Participation	<input type="checkbox"/> No Participation	<input type="checkbox"/> No Participation	<input type="checkbox"/> No Participation

HAS YOUR CHILD EVER HAD THE FOLLOWING: If yes, please elaborate below.

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Surgeries		Ear Problems		Migraine Headaches	
Asthma		Emotional Problems		Rheumatic Fever	
Appendicitis		Epilepsy		Stomach Problems	
Bleeding Problems		Heart Problems		Sinus Troubles	
Blood Pressures Problems		Hepatitis		Thyroid Problems	
Convulsions		Hypoglycemia		Tuberculosis	
Diabetes		(low blood sugar)		Other (list)	

HAS YOUR CHILD RECEIVED AT LEAST:

Yes No

3 doses of DPT (Diphtheria, Pertussis & Tetanus)

3 doses of OPV (Oral Polio Vaccine)

1 dose of MMR (Measles, Mumps, & Rubella)

EYE:

Yes No

Glasses

Contact Lenses

Non-correctable Visual Problems
(If yes, specify) _____

(FOR FEMALES)

Menstrual Periods Begun? Yes No If not, has she been told about it? Yes No

Menstrual History Normal? Yes No Cramps: None Moderate Severe

Additional Comments: _____

Indicate any prescription medications being taken at present: _____

Ear drops (vinegar and alcohol) help prevent painful ear infections. Please initial here if you **do not want** your child to receive them after swimming.

PARENT AUTHORIZATION:

To the best of my knowledge, all information provided by me is correct, accurate and complete. The person herein described has my full permission to participate in Camp activities except as indicated. In the event of any illness or accident, I give permission that medical measures be instituted without delay as the judgment of the medical personnel dictates.

PARENT (GUARDIAN) SIGNATURE _____ **DATE** _____

CAMPER SIGNATURE _____ **DATE** _____

PHYSICIANS NAME (if consulted, please print) _____

PHYSICIANS SIGNATURE _____ **DATE** _____

(Physician's signature required only if this is acting as current physical.)