

REDWOOD CAMPER HEALTH FORM - 2019

****Can be completed by the parents if all the required information can be provided. If there are any medical concerns, your doctor should complete the form. This form is required before the start of camp.****

Camper's Name _____
Date of Birth: _____
Address _____
Emergency Contact _____

Medicare #: _____ Exp: _____
Height (inches): _____ Weight (lbs): _____
Mom's Cel: _____ Dad's Cel: _____
Emergency Tel #: _____

Health History:

- | | | | |
|--------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> headaches | <input type="checkbox"/> fainting | <input type="checkbox"/> stomach aches |
| <input type="checkbox"/> eye glasses | <input type="checkbox"/> ear plugs | <input type="checkbox"/> seizures | <input type="checkbox"/> hernia repair |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> heart condition | <input type="checkbox"/> hepatitis | <input type="checkbox"/> bleeding disorder |

other/details: _____

Immunizations up to date? ☐ Yes ☐ No

Last tetanus booster date: _____

Measles vaccinations (MMR) up to date? ☐ Yes ☐ No

Dietary or activity restrictions for camp: _____

Allergies: ☐ insect sting ☐ food ☐ other: _____
☐ animals ☐ skin ☐ drugs ☐ hay fever

Details: _____ Needs epipen: _____

Date of last attack: _____

Rate the severity: ☐ mild ☐ moderate ☐ severe

Treatment used: _____

Any medications to be given at camp: (must be clearly labelled in original container with written instructions): _____

Has your child required behavioural counselling? ☐ Yes ☐ No

Other medical, physical, emotional or behavioural concerns: _____

Any recent operations, illness or injuries? _____

To the best of my knowledge, my child is in good health and has not been exposed to any infectious diseases in the past 4 weeks. **If exposed to any infectious diseases, or any change in health status, I will notify the camp in writing.** In case of emergency and if we are not immediately available for consultation, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injections, anaesthesia or surgery for my child as named above.

I have disclosed all pertinent medical information including information regarding prescription medications. I hereby give permission for my child's physician to give Redwood Country Day Camp medical information concerning my child, should it be required by the camp.

Signature of Parent(s) _____

Date _____

Physician's Name _____

Phone _____