

Session Attending: \_\_\_\_\_

**Health Form**

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age At Camp \_\_\_\_\_ M F

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from above)

Primary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Second parent or guardian or emergency contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**IMMUNIZATIONS:**

Please attach an immunization form from health-care providers

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized. Signature of Custodial Relationship

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ to Camper: \_\_\_\_\_

**HEALTH HISTORY:**

Please know that we value your privacy. Health History information is available only to the camp health staff. The more information you provide, the better we can do our job. Thanks!

Has the camper have a history of or is prone to any of the following (Please check all that apply).

- |   |  |
|---|--|
| 1. Recent injury, illness or infectious disease | 8. Chest pain during or after exercise |
| 2. Chronic or recurring illness                 | 9. Heart Defect/Disease                |
| 3. Asthma                                       | 10. Hypertension                       |
| 4. Homesickness                                 | 11. Bleeding/Clotting Disorders        |
| 5. Frequent Ear Infections                      | 12. Diabetes                           |
| 6. Seizure Disorder or Convulsions              | 13. Mononucleosis (in last 12 months)  |
| 7. Dizziness during or after exercise           | 14. Chicken Pox                        |

- |                            |                               |                              |                  |
|----------------------------|-------------------------------|------------------------------|------------------|
| 15. Measles                | 20. German Measles            | 24. Mumps                    | 28. Tuberculosis |
| 16. Hepatitis              | 21. Joint problems            | 25. Fractures                | 29. Head Injury  |
| 17. Frequent Headaches     | 22.. Eating Disorder          | 26. Diarrhea or constipation |                  |
| 18. Frequent Stomachaches  | 23. Wears glasses or contacts |                              |                  |
| 19. Wears a Medic Alert ID | 24. Been Hospitalized         |                              |                  |

Please provide explanation for any checked items:

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Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Restrictions \_\_\_\_\_

\*\*\*If you child self –administers emergency medication such as, but not limited to, asthma inhaler, or an epinephrine pen, camp must have a written approval from your Health Care Provider and parents/ guardian confirming that the camper has the knowledge and the skills to safely self-administer emergency medication at camp.

Additional Information we should know (past illnesses, behavior, concerns)

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Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except at noted.

I here by give permission to the camp to provide routing health care. In the event I cannot be reached in an emergency, I hereby give permission to director to secure and administer treatment, including hospitalization, for the person named above.

I also give permission that any photos taken of the person mentioned above might be used for camp advertising.

Signature of parent /guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parents and Campers:

I am interested in learning more about your individual interest in coming to Hart-to-Hart Farm Day Camp. Because of the camp’s size, we have a unique opportunity to gear our programs toward each camper’s personal interest. Please take a moment and tell me about yourself and what you might want to learn at camp this summer. We look forward to seeing you soon!