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:
ame _____

Relationship _____ Phone _____

IMMUNIZATIONS:

Please attach an immunization form from health-care providers

If your camper IS NOT fully immunized, you will need to submit a Vaccination Exempt Form and sign below after reading the following statement:

I understand and accept the risks to my child from not being fully immunized. In the event of a vaccine-preventable disease outbreak, individuals without documented immunity may be excluded from camp until the risk has passed as advised by the Maine Centers for Disease Control and Prevention. The length of time a camper will be kept out may vary depending on the disease and the length of the outbreak.

Custodial Relationship Parent/Guardian: _____ Date:_____

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. Has your camper had any of the following:

1. Recent injury, illness or infectious disease
2. Chronic or recurring illness
3. Asthma
4. Homesickness
5. Frequent Ear Infections
6. Seizure Disorder or Convulsions
7. Dizziness during or after exercise
8. Chest pain during or after exercise
9. Heart Defect/Disease
10. Hypertension
11. Bleeding/Clotting Disorders
12. Diabetes
13. Mononucleosis (in last 12 months)
14. Chicken Pox
15. Measles
16. Hepatitis
17. Frequent Headaches
18. Frequent Stomachaches
19. Wears a Medic Alert ID
20. German Measles
21. Joint problems
22.. Eating Disorder
23. Wears glasses or contacts
24. Mumps
25. Fractures
26. Diarrhea or constipation
27. Been Hospitalized
28. Tuberculosis
29. Head Injury

Please provide explanation for any checked items plus any medication your child is taking:

_____

_____

Date of last Tetanus Shot: _____

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)

_____

_____

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 give permission to administer any of the following medication if needed (Please check):

- ☐ Tylenol (children or adult)
- ☐ Advil
- ☐ Ibuprofen (children or adult)
- ☐ Aspirin (16 years or older)
- ☐ Arnica
- ☐ Hypericum

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!