



## Camper Health Form

Complete one form per camper for youth camps or other camps when unaccompanied by parent or guardian.

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Boy  Girl Birth Date \_\_\_\_\_

### Parent/Guardian Names:

1) \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

2) \_\_\_\_\_

Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### Health:

Health Insurance Company and Policy Number # \_\_\_\_\_

Please attach a copy of insurance card to the application.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

### Check any that apply:

- Asthma
- Fainting
- Seizures
- Diabetes
- Allergies
- Heart Trouble
- Other. Describe \_\_\_\_\_

Are there any other health conditions we should be aware of or limitations of activities for medical reasons?

What medications do they take regularly?

Date of last Tetanus shot \_\_\_\_\_

Does parent expect to be home during camp dates?

Person other than parent to contact in the event of an emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Day phone \_\_\_\_\_

Night phone \_\_\_\_\_

The information requested below is optional and will only be shared with the nurses, program staff and your child's counselor if appropriate. Please give these details careful attention so that we can be helpful to you and your child.

What goals do you have for your camper? (may be physical, social, emotional, or spiritual)

Does your child have any special physical, mental or emotional needs? Please describe.

### Do any of the following apply to your child?

Nightmares? \_\_\_\_\_

Bed-wetting? \_\_\_\_\_

Sleepwalking? \_\_\_\_\_

Are both parents living? \_\_\_\_\_

Is there a divorce or separation? \_\_\_\_\_

In the event the applicant/camper herein should need medical attention, the undersigned grants permission to the Camp Keola staff to arrange for this service.

Parent or guardian signature (if camper is under 18)

This form may be duplicated.