


MEDICAL INFORMATION (please fill out below regardless of insurance coverage)

General Questions

Important! Your child should know how to administer their own dosages!



Has/does the participant:

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	[]	[]	16. Ever had back problems?	[]	[]
2. Have a chronic or recurring illness/condition?	[]	[]	17. Ever had problems with joints; e.g., knees, ankles?	[]	[]
3. Ever been hospitalized?	[]	[]	18. Have an orthodontic appliance being brought to camp?	[]	[]
4. Ever had surgery?	[]	[]	19. Have any skin problems (e.g., itching, rash, acne)?	[]	[]
5. Have frequent headaches?	[]	[]	20. Have diabetes?	[]	[]
6. Ever had a head injury?	[]	[]	21. Have asthma?	[]	[]
7. Ever been knocked unconscious?	[]	[]	22. Had mononucleosis in the past 12 months?	[]	[]
8. Wear glasses, contacts or protective eye wear?	[]	[]	23. Had problems with diarrhea/constipation?	[]	[]
9. Ever had frequent ear infections?	[]	[]	24. Had problems with sleepwalking?	[]	[]
10. Ever passed out during or after exercise?	[]	[]	25. If female, have an abnormal menstrual history?	[]	[]
11. Ever been dizzy during or after exercise?	[]	[]	26. Have a history of bed-wetting?	[]	[]
12. Ever had seizures?	[]	[]	Ever had an eating disorder?	[]	[]
13. Ever had chest pain during or after exercise?	[]	[]	Ever had emotional difficulties for which professional help was sought?	[]	[]
14. Ever had high blood pressure?	[]	[]			
15. Ever been diagnosed with a heart murmur?	[]	[]			

Please explain any 'yes' answers, noting the number of the questions. _____

Which of the following has the participant had?

Please give all dates of immunization for:

	Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
[] Measles	DTP		_____	_____	_____	_____	_____	_____
[] Chicken Pox	TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
[] German measles	Tetanus		_____	_____	_____	_____	_____	_____
[] Mumps	Polio		_____	_____	_____	_____	_____	_____
[] Hepatitis A	MMR		_____	_____				
[] Hepatitis B	or Measles		_____	_____				
[] Hepatitis C	or Mumps		_____	_____				
	or Rubella		_____	_____				
TB Mantoux Test	Haemophilus influenza B		_____	_____	_____	_____		
Date of last test _____	Hepatitis B		_____	_____	_____	_____		
Result [] Positive [] Negative	Varicella (chicken pox)		_____					

Health History: The following information must be filled in by the parent –guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care.

Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES List all known Medications allergies (list)

Describe reaction and management of the reaction.

Food allergies (list)

Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

Please list any **DIETARY RESTRICTIONS** that apply to delegate: _____
