CAMP GEDDIE – CAMPER HEALTH FORM

(Please present this form to the nurse at the registration desk)

Camper's Name: _____ Gender: Male / Female *(please circle one)*
Last First Middle Initial

Health Card Number: _____ Date of birth: _____
DD / MM / YYYY

Contact Information

Parent/Guardian: _____ Relationship to camper _____

Home Phone # _____ Work Phone # _____

Home address: _____

Other Emergency Contact: _____ Relationship to camper _____

Home Phone # _____ Work Phone # _____

Family Doctor: _____ Phone # _____

Please note if your camper is subject to any of the following, and explain on the back of this form:

□ Asthma	□ Diabetes	□ Sleep walking	□ Hyperactivity	□ Shyness
□ Ear infections	□ Kidney disease	□ Bed wetting	□ ADD/ADHD	□ Fear of dark
□ Sore throat	□ Heart disease	□ Nightmares	□ Epilepsy	□ Nose bleeds
□ Frequent colds	□ Eye trouble	□ Stomach troubles	□ Headaches	
□ Bronchitis	□ Fainting	□ Constipation	□ Migraines	

If your camper has had any other operations or serious injuries please explain: _____

Does your camper have any known allergies? Yes or No If yes, please explain:

Allergy to:	Describe reaction and treatment
□ Drugs _____	_____
□ Food _____	_____
□ Insect Stings _____	_____
□ Other _____	_____

Please note: To care for your child to the best of our ability, please describe any other physical, emotional or behavioral problems _____

Has this person been exposed to or suffered from any infectious diseases/conditions such as Head Lice, German Measles, Measles, Chicken Pox, Mumps, Tuberculosis, Whooping Cough during the three weeks prior to the first day of camp?

Yes or No If yes, please call the Camp Director before coming to camp.
Date of last immunizations: _____

My Daughter has been informed about menstruation: Yes or No

Does your camper receive any medication? Yes or No If yes, please explain:

Illness/condition	Medication	Dosage	Time of day given

(Please use the back of this form for additional information.)

All medication must be given to the nurse in the original package from the pharmacy on opening day!

Recent changes in Family (death, illness, divorce, etc) _____

NOTE: You and your doctor are responsible for the health of your camper; this form should clearly indicate their health status. The camp staff will do their utmost to contact the family if an emergency arises; however, the signature on this form signifies: **(a)** that permission is granted for camp staff to arrange for medical attention with a local doctor and for that doctor to provide any necessary treatment; **(b)** that having taken such precautions as in our discretion are deemed advisable, Camp Geddie shall not be held responsible for any accident or illness involving your child. **(c)** that you give permission for over the counter medications to be given, if deemed necessary by camp medical staff.

Signature of Parent/Guardian _____ Date _____

All information in this form is confidential. *(Rev. 2011)*