

CAMP HEALTH HISTORY AND EXAMINATION FOR STAFF OF BROOKHAVEN COUNTRY DAY CAMP

This is to be filled out by parents/guardian of minors or by adult staff members themselves.

Name _____ Birth Date _____ Sex _____ Age _____
 Last First Initial

Parent/Guardian or Spouse _____
 Home Address _____ Phone _____
 Street & Number City State Zip Code

Business Address _____ Phone _____
 Street & Number City State Zip Code

Second Parent/Guardian or Emergency Contact _____
 Home Address _____ Phone _____
 Street & Number City State Zip Code

Business Address _____ Phone _____
 Street & Number City State Zip Code

If not available in an emergency, notify:
 Name _____ Phone _____
 Address _____
 Street & Number City State Zip Code

Health History: (Check if you have had and give approximate dates)			Immunization Record	Dates
Frequent Ear Infections	Mononucleosis	Ivy Poisoning	DPT or DTP	
Heart Defect/Disease	Chicken Pox	Oak Poisoning	MMR	
Convulsions	Measles	Insect Stings	Hepatitis B	
Diabetes	German Measles	Penicillin	Polio	
Bleeding/Clotting	Mumps	Other Drugs	Hib	
Hypertension	Hay Fever	Asthma	Varicella (Chicken Pox)	

Operations or serious injuries (dates): _____
 Disability or chronic or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary modifications: _____

Current medication (send with instructions): _____

Other diseases or details of above: _____

Name of dentist/orthodontist: _____ Phone _____

Name of family physician: _____ Phone: _____

Date of last physical examination: _____

Do you carry family medical/hospital insurance? _____ If so, indicate:

Carrier: _____ Policy or Group # _____

Suggestions or health related information for camp personnel: _____

(For Females): Has employee menstruated? _____ If not, has she been told about it? _____
 If so, is menstrual history normal? _____ Special consideration: _____

Important - This section must be completed for attendance*

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted.
Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of camp.

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of parent or guardian or adult camper/staffer: _____

Sign here

Witness: _____ Date: _____

*If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.