

HEALTH RECORDS FOR CHILDREN IN SUMMER SCIENCE CAMP

_____	_____	___/___/___	Female	Male
CHILDS LAST NAME	CHILDS FIRST NAME	DATE OF BIRTH		
_____	_____	_____		
HOME ADRESS		CITY/STATE/ZIP CODE	HOME PHONE #	
_____		_____		
PARENT'S OR GUARDIAN'S NAME		CONTACT TELEPHONE		
_____		_____		
PARENT/GUARDIAN PLACE OF EMPLOYMENT		TELEPHONE		
_____		_____		
INCASE OF EMERGENCY NOTIFY		TELEPHONE		
_____		_____		

IF PARENT OR GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY (FAMILY PHYSICIAN)

_____	_____
FAMILY PHYSICAN	TELEPHONE

IMPORTANT: Please notify Camp Officials if child was/is exposed to any communicable disease at any time three weeks prior to Camp attendance.

HEALTH HISTORY (Check, giving approximate dates of last incident):

Asthma: _____ Behavior: _____ Chicken Pox: _____ Convulsions: _____
 Diabetic: _____ Ear Infection: _____ Hay Fever: _____ Insect Stings: _____
 Ivy Poisoning, etc: _____ Measles: _____ German Measles: _____ Mumps: _____
 Past Illness: _____ Contagious Illness: _____
 Other Drugs: _____ Penicillin: _____ Rheumatic Fever: _____
 Operations or Serious Injuries (Dates): _____
 Hospitalization: _____
 Chronic or Recurring Illness: _____
 Other diseases or details of above: _____
 Any specific activities to be encouraged? _____
 Any specific activities to be restricted? _____
 Suggestions from Parents(s) or Guardian: _____

SIGNIFICANT HEALTH HISTORY AND CURRENT CONDITIONS

PLEASE LIST:

Medications taken: _____
Appliance worn (Glasses, Hearing Aid, etc.): _____
Conditions that modify activity (seizures, asthma, heart condition etc.): _____

I hereby give my consent/authority to the Staff of the Summer Science Camp to obtain the necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship: _____	Signature: _____
Telephone: _____	Date: _____