



**HEALTH RECORDS FOR CHILDREN IN SUMMER SCIENCE CAMP**

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

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

_____	_____
<b>FAMILY PHYSICIAN</b>	<b>TELEPHONE</b>

**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: \_\_\_\_\_  
 Operations or Serious Injuries (Dates): \_\_\_\_\_  
 Hospitalization: \_\_\_\_\_  
 Chronic or Recurring Illness: \_\_\_\_\_  
 Allergies (Food or Environmental) \_\_\_\_\_  
 Drug Interactions to be noted: \_\_\_\_\_  
 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:** \_\_\_\_\_