



**Signature of parent/guardian or adult camper/staff:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I also understand and agree to abide by any restriction placed on my participation in camp activities.**

**Signature of minor or adult camper/staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**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 completed form for your records. Any changes to this form should be provided to the 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, including food, medication and/or environmental):** \_\_\_\_\_

Medications Being Taken: Please list ALL medication, including over-the-counter or non-prescription drugs, taken routinely. Bring enough medication to last the entire time at camp. Keep it in the ORIGINAL packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication on a routine basis:  (check if this applies)

This person takes the following medications:  (check if this applies)

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time taken: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time taken: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_

Medication #3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time taken: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_

▶ A medication form MUST be filled out for each medication that is to be given at camp. Please bring all medication to the health office on or before the first day of camp. Be prepared to fill out a form for each medication. Campers are not allowed to bring the medication to the health office. This must be done by the parent or guardian.

**Dietary and/or Activity Restrictions:**  Yes  No List restrictions: \_\_\_\_\_

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**General Questions:** If you answer yes to any of the following questions, please explain your answer in the space below.

**Has or does the participant:** had any recent injury, illness or infectious disease; have chronic or recurring illness/condition; ever been hospitalized; ever had surgery, have frequent headaches; ever had a head injury; even been knocked unconscious; wear glasses, contacts or protective eye wear; ever had frequent ear infections; ever passed out during or after exercise; ever been dizzy during or after exercise; ever had seizures; ever had chest pain during or after exercise; ever had high blood pressure; ever been diagnosed with a heart murmur; ever had back problems; ever had problems with joints; have an orthodontic appliance being brought to camp; have any skin problems; have diabetes; have asthma; had mononucleosis in the past 12 months; have abnormal menstrual history; ever had emotional difficulties for which professional help was sought? \_\_\_\_\_

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Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware: \_\_\_\_\_

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Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Participant's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**► A copy of the participant's most recent immunization record is REQUIRED. If not received by the first day of camp, the participant will not be able to participate in camp!!!!!! Please make a photocopy of the immunization record and send it in WITH this form.**

**Checklist:** Make sure the following is done prior to mailing this form to Pilgrim Day Camp

- Sign the two signature spots on the top of page 2
- Attach to this health form a copy of participant's most recent immunization record. If you don't have one at home, call the participant's physician and ask them to fax or mail a copy to you.
- Arrange to bring all medications that needs to be given during camp either on the first day or camp or the week before. If bringing medication to the nurse prior to June 23, 2008, please call her to make an appointment. Medication forms do need to be filled out for ALL medication that is to be given routinely or as needed.