



Camp Webb Summer 2017 Camper Health History

Camper Name _____

Family Email _____

Address _____ City _____ State _____ Zip _____

Gender _____ Current Grade _____ Birth date _____ Dates at Camp: _____

Parent/Guardian Name _____ Primary Phone (_____) _____

Secondary Phone (_____) _____ Email if different than above _____

Address _____ City _____ State _____ Zip _____

Church _____ City _____ State _____ Zip _____

Health History

Diseases/Conditions:

_____ Ear Infections

_____ Heart Defect/Disease

_____ Seizures

_____ Diabetes

_____ Bleeding/Clotting

Disorders

_____ Hypertension

_____ Mononucleosis

_____ Asthma

_____ Measles

_____ Chicken Pox

_____ German Measles

_____ Mumps

_____ Hepatitis

_____ Other _____

None _____

Food Allergies:

_____ Dairy

_____ Grain

_____ Eggs

_____ Seafood

_____ Meat

_____ Peanuts

_____ Other Nuts

Other _____

None _____

Medical Allergies

_____ Hay Fever

_____ Bee Stings

_____ Penicillin

_____ Other Drugs

Other _____

None _____

Emergency Information

Emergency Contact Person (if primary Guardian cannot be reached)

Phone: _____

Family Doctor: _____

Immunizations (! if current or up to date)

_____ DPT Permanent Shots

_____ TD (tetanus/diphtheria)

_____ Tetanus booster Date (MM/YY) _____

_____ Polio Immunization

_____ MMR (Measles, Mumps, Rubella)

_____ Hepatitis B

_____ Pos _____ Neg Tuberculosis Test

Chronic/Recurring illness or medical condition that may impact camp life: _____

Do we have your permission to administer the following to your child as needed?: Benadryl, Antacid, Ibuprofen, Acetaminophen, Milk of Magnesia, Cold Medicine, Antihistamines? **Initial next to your answer.** _____ No _____ Yes. Exceptions: _____

Dietary restrictions? (i.e. vegetarian, lactose intolerant) _____

Activity restrictions for health reasons _____

Medications (please list, and send with instructions)

Attach Photocopy of Insurance Card Here: (Front and Back, Please DO NOT Enlarge cards)

Check Here if Camper is not covered by Health Insurance. Initial _____

Parent/Guardian Signature: _____
Date _____