Camp Webb Summer 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	Food Allergies:	Emergency Information
Diseases/Conditions: ☐ Ear Infections ☐ Heart Defect/Disease ☐ Seizures ☐ Diabetes ☐ Bleeding/Clotting Disorders ☐ Hypertension ☐ Mononucleosis ☐ Asthma ☐ Measles ☐ Chicken Pox ☐ German Measles ☐ Mumps ☐ Hepatitis ☐ Other ______________ ☐ **None**	☐Dairy ☐Grain ☐Eggs ☐Seafood ☐Meat ☐Peanuts ☐Other Nuts ☐Other ____________ ☐**None** **Medical Allergies:** ☐ Hay Fever ☐ Bee Stings ☐ Penicillin ☐ Other Drugs ☐ Other____________ ☐**None**	Emergency Contact Person (if primary Guardian cannot be reached) Phone:_______________________ Family Doctor:_________________ Immunizations ☐ DPT Permanent Shots ☐ TD (tetanus/diphtheria) ☐ Tetanus booster Date (MM/YY)________ ☐ Polio Immunization ☐ MMR (Measles, Mumps, Rubella) ☐ Hepatitis B ☐ Tuberculosis Test_____Pos _____Neg 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** ______No _______Yes.
Exceptions: ____

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

Activity restrictions for health reasons ______________________________________

Medications (please list with instructions, continue on back if necessary)
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____
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Parent/Guardian Signature: ______________________
Date______________________________________

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______________