HEALTH HISTORY RECORD

(One for **EACH** child enrolled in the Camp)

Child's Name _____ Age_____

1. List any serious illnesses the child has had within the last 6 months: _____
   _____
   _____

2. Does your child have any allergies? Yes_____ No_____
   If "yes", please ***describe them*** and indicate special precautions or care needed:_____
   _____
   _____

3. Does your child have a history of (check all that apply):
   ___Physical Handicaps ___Asthma ___Diabetes
   ___Heart Problems ___Seizures ___Rheumatic Fever
   ___Other Problems (Please Describe) _____
   _____
   If you checked any of these items, please describe any special emergency care instructions or other information needed by the **Camp** staff:_____
   _____
   _____

Emergency number of person to be notified in case of an emergency when parents/guardians are not available:

Name_____ Relationship to Child_____

Address _____

Phone Numbers (Home) _____ (Work) _____ (Cell) _____

I give my permission for my child to participate in this program including all field trips. If a medical emergency arises, the program staff will take all steps necessary. A public emergency vehicle may be called for transportation of my child to an emergency facility. I understand I will be responsible for any service charge incurred.

Signature of Parent/Guardian_____ Date: _____