



Health History Form

Camp Attendance Dates: _____

To Be Completed By Parent

Required to Attend

Camper's Name _____ Birth Date _____ Age at Camp _____ M F

Home Address _____

Custodial Parent / Guardian _____

Cell Phone _____ Work Phone _____

Second Parent / Guardian _____

Cell Phone _____ Work Phone _____

Address (If different from Parent 1) _____

Emergency Contact _____ Relationship to Camper _____

Cell Phone _____ Home Phone _____

Year _____
Group _____
Camper Name _____

Medical Insurance Information

This camper is covered by family medical/hospital insurance Yes No
Insurance Company _____
Policy Number _____
Subscriber _____
Insurance Company Phone Number _____

Allergies

No Known
Camper allergic to Food Medicine
 Environment (insect stings, hay fever, asthma, etc)
 Other _____
Specify _____

NY Sunscreen Permission

New York State Public Health Law now requires written parental permission for a child to carry and use sunscreen at camp. The legislation further requires the camp to maintain record of the parental permission and allows camp staff to assist with the application of sunscreen when the child is unable to do so, provided the child requests assistance and this assistance is permitted by the parent.

I hereby give permission for _____ to carry and use sunscreen at camp and to use it throughout the day. If my child needs help re-applying sunscreen, I give permission for camp staff to provide my child with assistance if he/she requires it.

Parent Signature _____ Date _____

Parent / Guardian Authorization for Healthcare:

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for the treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for the trips out of camp.

Parent / Guardian / Camp Staff Signature _____ Date _____

Printed Name _____ Relationship to Camper _____

If for religious or other reasons you cannot sign this, please submit a signed legal waiver for attendance.

****Please submit a copy of each participant's vaccination history with this form****

Medications

□ This person takes NO medications on a routine basis **OR** □ This person takes medications as follows:

Med #1 _____ Doasage _____ Time to take _____

Reason for Taking _____

Med #2 _____ Doasage _____ Time to take _____

Reason for Taking _____

Attach additional pages for more medications

Identify any medications taken during the school year that a camper does/may not take during the summer _____

General Questions (Explain "yes" answers below)

Has/Does the participant:

	Yes	No		Yes	No
1. Had chicken pox, measles, Mumps, Hepatitis A, Hepatitis B or Hepatitis C?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Ever had problems with joints (e.g, knees, ankles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have had an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have any skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
9. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Have problems with sleep walking?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>

Please Explain any yes answers, noting the number of the questions

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

Physician Information

Name of family physician _____ Phone _____

Address _____

Name of family dentist/ortho _____ Phone _____

Address _____

Please submit each camper's completed form and vaccination record by June 1, 2021.

Thank you.

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Thank you.

17 Three Sisters Road St. James, New York 11780 | 631.584.5555(p) | 631.862.7664(f)