



STAFF MINOR HEALTH HISTORY RECORD

SUMMER GAMES CAMP

Instructions: Parents/Guardians, the following information is requested so that Summer Games Camp can better meet the physical, intellectual, and emotional needs of the staff minor. **No staff minor will be admitted to camp without this form.** Fill out the information requested. (Use the back of this form if additional space is required.) "Authorized Person" means a parent, legal guardian, or adult staff's designee. When completed, please submit to Aliccia Zygadlo 43964 Elm Dr, Sterling Heights MI 48313.

Minor Child's Last Name _____ First Name _____ M.I. _____ ☐ Male ☐ Female _____ Date of Birth _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Authorized Person's Last Name _____ First Name _____ M.I. _____ Relationship to Minor Child _____ Emergency Phone _____

Authorized Person's Home Address _____ City _____ State _____ Zip _____

Family Health Insurance Co. _____ Contract # _____ Plan Code _____ Group # _____

***ATTACH PHOTOCOPY OF INSURANCE CARD**

Check the following: (Explain problem areas identified below on the back of this form including any current infectious diseases)

Is the minor child having any of the problems listed below?	Yes	No		Yes	No
1. Hay fever, asthma, or wheezing?	<input type="checkbox"/>	<input type="checkbox"/>	7. Trouble with passing urine or bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>
2. Eczema or frequent skin rashes?	<input type="checkbox"/>	<input type="checkbox"/>	8. Shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
3. Convulsions/seizures?	<input type="checkbox"/>	<input type="checkbox"/>	9. Speech problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>	10. Menstrual problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	11. Dental problems?	<input type="checkbox"/>	<input type="checkbox"/>
6. Frequent colds, sore throats, earaches?	<input type="checkbox"/>	<input type="checkbox"/>	12. Other? (Please detail on the back of this form)	<input type="checkbox"/>	<input type="checkbox"/>

If female, has she been told about menstruation? (answer if appropriate) ☐ Yes ☐ No Has she menstruated? (answer if appropriate) ☐ Yes ☐ No

Operations or injuries: _____

Explain any special health, behavioral or emotional consideration(s): _____

Medications: needed or used (including Psychiatric)

Name:	Frequency:	Dosage	Take at camp? (yes/no)

Special conditions to watch for such as ALLERGIES (reactions to food, penicillin, other drugs), bedwetting, fainting, sleepwalking, etc.:

Should the child's activity be restricted because of any physical limitation or illness? ☐ Yes ☐ No If yes, please explain degree of restriction on back.

Immunizations: Are the minor child's immunizations up to date? ☐ Yes ☐ No

☐ **Medical Emergency Care Authorization:**

I hereby give permission to Summer Games Camp Inc. to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp. By signing below, I authorize care.

I certify that this information is true to the best of my knowledge.

Authorized Person's Signature: _____ Date: _____

☐ **For Religious Exemption:**

I object to consent receipt of emergency medical or surgical treatment, by signing below I attest that my child is in good health, and I assume the health responsibility for my child.

ADDITIONAL MEDICAL INFORMATION:

A physical examination by a physician is **not required**. If the minor child has had a physical within the past 12 months, you may attach a copy to this form.

Use this area for additional information from the front of this form:

CONFIDENTIAL GUIDANCE FOR CAMP STAFF: Please write below anything that might help the camp staff such as a change in the family (new baby, death, re-marriage, divorce, re-location, illness, etc.) or anything you feel is affecting your child physical or mental health either positively or negatively. Include how you feel your child is affected in his/her relationship with others. The more we know about the minor child, the more helpful we can be.