



# CAMPER 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 camper. **No camper 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 or legal guardian. When completed, please submit to the camp's Admin: *Aliecia Zygallo 43964 Elm Dr, Sterling Heights MI 48313.*

Minor Child's Last Name	First Name	M.I.	<input type="checkbox"/> Male	<input type="checkbox"/> 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.

 **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.

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

Authorized Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **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:**

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**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.