

# HEALTH RECORD

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

To be completed by parent /guardian. PLEASE PRINT CLEARLY OR TYPE. Please SIGN and DATE below.

This information will be held confidential and will only be used to benefit the child.

1. Any significant findings that could influence the child's adaptations to camp/ outdoor program?  
(. i.e., physical handicap, sensory problems or loss, developmental irregularities)
  
2. Any chronic illness that may require regular medication, and other observations or precautions?  
(recurrent ear infections, seizure disorder, allergies to outdoor influences, food, drugs or other allergies)  
(List any diet modifications or special medications.)
  
3. Any potential exposure to any contagious diseases during the last 3 weeks? \_\_\_\_\_  
Any hospitalizations, operations, special test or reoccurring illnesses of which the staff should be aware?
  
4. Pertinent family, social or health characteristics?

PHYSICIAN'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

MEDICAL INSURANCE COVERAGE? YES / NO

COMPANY NAME \_\_\_\_\_ ID# \_\_\_\_\_

By signing this form, you attest that the information above is accurate and acknowledge that your child is up to date on all immunizations and that a copy is on file at his/her school.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_