

Stony Glen Brigade Camp Health History Form

2011

This form is to be filled out by parent/guardian of minors or by adult camper/staff member themselves

Name _____ Sex ____ Age ____
SSN _____ Birth Date ____ / ____ / ____
Parent or Guardian (or Spouse) _____
Home Address _____ Phone _____
City _____ State ____ Zip _____
Business Address _____ Phone _____
Emergency Contact _____ Relationship _____
Home Address _____ Phone _____
Business Address _____ Phone _____
If not available in an emergency, notify:
Name _____ Relationship _____
Address _____ Phone _____

Health History: (Check - giving approximate dates)

Frequent Ear Infection _____ Mononucleosis _____ Diabetes _____
Heart Defect/Disease _____ Hypertension _____ ADD _____
Convulsions _____ Bleeding/Clotting Disorders _____
Recent Operations or serious injuries/illnesses (dates): _____
Disability or chronic or recurring illness: _____
Any specific activities to be encouraged or limited by physician's advice: _____
Dietary modifications: _____
Current medication (*send with instructions*): _____
Other diseases or details of above: _____

Allergies:

Ivy Poisoning, etc. _____ Hay Fever _____ Asthma _____
Insect Stings _____ Penicillin _____ Other Drugs _____
Food _____ Other _____
Name of family physician: _____ Phone _____
Name of dentist/orthodontist: _____ Phone _____
Date of last physical examination: _____
Do you carry family medical/hospital insurance? _____
Carrier: _____ Policy or Group # _____
Carrier's SSN _____ Date of Birth _____
Please send a copy of Insurance Card
Suggestions or health related information for camp personnel: _____

Immunization History

Are all shots current? _____ Date of last Tetanus _____

Please see the other side for an Important Section

Medication Schedule
(Please Complete this table as applicable)

Medication	Dosage	Times

Important - This Section Must Be Completed For Attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Emergency Authorization: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine test and treatment of me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or order anesthesia and/or surgery for me/or my child as named above. I hereby give permission to Health Care providers to release all Records pertinent to care provided to the camp representative/nurse. I also understand that in case of injury the participants medical insurance is primary and Ohio Valley CSB Ministries insurance is excess. This form may be photocopied for use out of camp.

Signature of minor's parent/guardian

or adult camper/staff:

X _____

Witness:

Date:

I also understand and agree to abide with the restrictions on my camp activities.

Signature of minor camper/staff:
