

Camper Name: _____

Camp Dates: _____

Camp Location: _____

I will sign my child in and out each day circle: YES NO

BEST DAY CAMP EVER - CDCUSA Camp Health History Form for Children, Youth and Adults

Note: This form should be completed by parent, guardian, or self, if an adult.

Check All Weeks Attending

JUNE		JULY		AUGUST	
4th - 8th		2nd-6th		30st-Aug 3th	
11th - 15th		9th-13		6th-10th	
18th-22rd		16th-20st		13th-17th	
25th-29th		23th 27th		20st-24th	

Camper: _____ Birth Date: _____ Sex: _____ Age at Camp: _____

Parent or Guardian (or Spouse): _____ Phone: _____

Home Address: _____

Business Address: _____ Work Phone: _____

Second Parent or Guardian or Emergency Contact: _____

Home Address: _____

Business Address: _____ Work Phone: _____

If not available in an emergency, notify:

Name: _____ (Relationship) _____ Day Phone: _____

Eve Phone: _____

Name: _____ (Relationship) _____ Day Phone: _____

Eve Phone: _____

Department of Children Services: _____ Case Worker: _____ Phone: _____

	No		Dates		DISEASES	No		Yes		Dates		ALLERGIES:	No		Yes		Dates		IMMUNIZATIONS:	No		Yes		Dates	
Ear Infection					Mononucleosis					Hay Fever					MMR					(Measles, Mumps & Rubella)					
Rheumatic Fever					Chicken Pox					Poison Ivy					DTP Series										
Heart Defects/ Diseases					Measles					Insect Stings					Polio OPV					(Sabin)					
Convulsions					German Measles					Penicillin					Tetanus										
Diabetes					Mumps					Other Drugs					Others										
Hypertension					Asthma					Name of Drugs: _____															
Sleepwalking					Bleeding & Clotting Disorder																				
Bedwetting																									

Operations or serious injuries (dates): _____

Disability or illness: _____

Dietary modifications: _____

Current medication (send with instructions in Medication Record Form): _____

LABELED MEDICATION AND INSTRUCTIONS MUST BE SENT TO CAMP WITH CAMPERS.

Other disease or related details of above: _____

Name of dentist/orthodontist: _____ Phone: _____

Name of family physician: _____ Phone: _____

Specify any medical problems: _____

(For Female Only) Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____ Special considerations: _____

IMPORTANT: Please notify the CDCUSA STAFF if this camper was exposed to any communicable disease during the three weeks prior to attending camp. *Please complete 2nd sheet*

Camp Dates: _____

Additional suggestions from parents: _____

Please Note:

Recommendations and restrictions while in program _____ None:

Special Diet _____

Special; medicine (name, and it must be brought to camp with camper) _____

Swimming ability/diving _____

Strenuous activity _____

Other: _____

Allergies to specific medication or foods: _____

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 by me on this health form.

The undersigned, as parent or legal guardian of the child registered on this form, hereby authorizes the CDCUSA and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the CDCUSA will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that the CDCUSA and its designated leaders and directors are not legally or financially liable for any claim rising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to the CDCUSA in conjunction with any authorized event.

Signed _____ Date _____
Parent or Guardian

WE DO DO NOT Have a family health / medical insurance coverage

Medical Insurance Company Name _____ Policy # _____