

# CAMP H.E.R.E. REGISTRATION AND HEALTH FORM

**\*\*\*\*\*PLEASE NOTE: BOTH SIDES OF THIS FORM MUST BE COMPLETED OR YOUR CHILD WILL NOT BE REGISTERED FOR CAMP!\*\*\*\*\***

NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

Last

First

Initial

LAST GRADE COMPLETED \_\_\_\_\_ (Must have completed Kindergarten)

Parent/Guardian \_\_\_\_\_ Phone number \_\_\_\_\_

Home Address \_\_\_\_\_

Number & Street

City

State

Zip Code

If not available, in an emergency notify:

1. \_\_\_\_\_

Name

Phone number

Number & Street

City

State

Zip Code

2. \_\_\_\_\_

Name

Phone number

Number & Street

City

State

Zip Code

**HEALTH HISTORY (Check and give dates)\*\*\*\*\*MUST BE COMPLETED!!\*\*\*\*\***

Ear Infections	_____	Allergies	_____	Chicken Pox	_____
Rheumatic Fever	_____	Hay Fever	_____	Measles	_____
Diabetes	_____	Insect Sting	_____	Mumps	_____
Convulsions	_____	Penicillin	_____	German Measles	_____
Poison Ivy	_____	Other Drugs	_____	Asthma	_____
Behavior	_____				

**\*\*\* Any camper who must bring an inhaler to camp for asthma or allergies, must bring a note from their doctor stating directions for use and each inhaler must be labeled with camper's name and date.\*\*\***

Operations or Serious Injuries and Dates \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Other diseases or Details of Above \_\_\_\_\_

Specific activities to be encouraged? \_\_\_\_\_ Restricted? \_\_\_\_\_

**\*\*\*\*\*IMPORTANT! Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.\*\*\*\*\***

# IMMUNIZATION HISTORY – MUST BE COMPLETED!!!!

\*\*\*\*\*Must be filled out yearly! Camp H.E.R.E. does not have access to student records – only parents may contact the school nurse for updates.\*\*\*\*\* Required immunizations must be determined locally. This is a record of basic immunizations and most recent booster dates.

DPT \_\_\_\_\_ Tetanus \_\_\_\_\_  
Series \_\_\_\_\_ Booster \_\_\_\_\_ Booster \_\_\_\_\_

Polio OPV \_\_\_\_\_  
(Sabin) \_\_\_\_\_ Booster \_\_\_\_\_ Typhoid \_\_\_\_\_

MMR (All vaccine and booster dates) \_\_\_\_\_  
\_\_\_\_\_

Tuberculin Test (not mandatory) \_\_\_\_\_

Other (explain) \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Haemophilus Influenza Type B \_\_\_\_\_

Hepatitis B \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENTS AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prepared camp activities except as noted by me above.

In the event I can not 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, anesthesia or surgery for my child as named above.

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*If your child uses an inhaler, please remember to bring a note from your doctor stating that the Camp Nurse may give the inhaler to the child to use, also the dosage should be written on the note as well.\*\*\*