

THIS IS A LEGAL DOCUMENT. DO NOT SEND IN WITH APPLICATION! ALL CAMPERS MUST HAVE THIS FORM SIGNED BY THE PARENT OR GUARDIAN AT REGISTRATION IN ORDER TO BE ADMITTED TO CAMP! PRINTOUT AND COMPLETE THIS FORM AND BRING TO REGISTRATION.

HEALTH FORM

Date _____

Please Print

Last Name _____ First Name _____ Birth Date _____

Sex _____ Age _____ Parent or Guardian _____

Home Address _____

CITY _____ STATE _____ ZIP _____

HOME PHONE(____) _____ - _____

WORK PHONE(____) _____ - _____

EMERGENCY CELL PHONE/PAGER(____) _____ - _____

WE MUST HAVE THE PHONE NUMBER OF A PARENT OR RELATIVE WHO CAN COME TO THE CAMP AND TAKE CUSTODY OF THE CHILD IF THE NEED ARISES.

If not available in an emergency, please notify:

1. _____

HOME PHONE (____) _____ - _____

WORK PHONE (____) _____ - _____

2. _____

HOME PHONE (____) _____ - _____

WORK PHONE (____) _____ - _____

HEALTH HISTORY: (please check)

Disease

- Chicken pox
- Measles
- German Measles
- Mumps
- Rheumatic Fever
- Infectious Mono

Allergies

- HayFever
- Poison Oak
- Insect stings
- Penicillin
- Other Drugs
- Food allergies

Other Conditions

- Diabetes
- Chronic ear infections
- Asthma
- Seizure Disorders
- Eczema
- Heart condition
- Attention Deficit Syndrome
- Anorexia

Details to the above checked items:

Operations or serious injuries:

Emotional Problems (i.e. hyperventilation, hysteria, claustrophobia,) Restricted activities (if any):

Date of last Tetanus injection _____ Date of last physical exam _____

Last Name _____ First Name _____ Birth Date _____

List all medication the child is currently taking (include: antibiotics used to treat Acne, anticonvulsants, antihistamines, insulin, tranquilizers.)

Is this child presently receiving medical treatment? Explain

What medications have you brought with you?

Family Physician Name _____ Phone (____) ____ - _____

Any recommendations or comments from parent or guardian?

If health problems preclude active participation at camp for more than eighteen hours, the parent/guardian will be required to come as soon as possible to take the child home. (Tuition will be refunded on a pro-rated.) Parents will be notified immediately of any situation requiring emergency, surgical, treatment or routine health care.

AUTHORIZATION TO TREAT

I, _____, parent or guardian of _____, hereby authorize a Northwest Band Camps representative to sign a consent form for emergency medical or surgical treatment or routine health care as needed, should the child require such treatment while attending the aforementioned camp.

Signature of Parent/Guardian _____ Date _____ Information for hospital billing:

Name of Insurance Company _____

Group No. _____

ID No. _____

Camp Staff may ___ may not ___ give over the counter medications if needed.

Signature of Parent/Guardian _____ Date _____

*****FOR OFFICE USE ONLY*****

Cabin _____ Band _____ Instrument _____