

**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 \_\_\_\_\_