

**HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS**  
 (This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM \_\_\_\_\_ Permit No. 85 \_\_\_\_\_

CHILD'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ / / \_\_\_\_\_ SEX  M  F

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: Father (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

If Parent, Guardian are not available in an emergency, notify:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

or 2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Important:** Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:

Yes  No (If yes, state type of exposure: \_\_\_\_\_)

**HEALTH HISTORY:** (Check, giving approximate dates)

Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Ivy Poisoning, etc. _____	Measles _____
Convulsion _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Other Contagious Illnesses _____
Asthma _____		

Other Past Illnesses \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Hospitalization (Dates) \_\_\_\_\_

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

Any specific activities to be encouraged? \_\_\_\_\_

Conditions that require activity to be restricted? \_\_\_\_\_

Permission for all program activities unless otherwise noted by Dr. \_\_\_\_\_

Appliance worn (glasses, contacts, etc.) \_\_\_\_\_

Medication taken \_\_\_\_\_

Suggestion from Parent/Guardian \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

*I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.*

Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Tele.# \_\_\_\_\_