



Health Form

For:

MMR

DPT

Hib

Hep B

Hep A:

Influenza

VZV (or date that camper had chicken pox)

OPV/IPV

PCVI 3

PCV 7

HPV

Rotavirus

Men B

If you have chosen to refrain from immunizations. Please state your reasoning and your consent to take on the risk of having your child attend camp.

Does your camper have any of these allergies?

Seasonal

Nuts

Bee Stings

Does your camper have any allergies to medications? Please specify.

Please list all food allergies and/or food restrictions.

Does camper have an epi-pen?

yes

no

Please list any childhood diseases, medical conditions, serious illnesses, injuries, hospitalizations, or surgeries.

Is this the first time your camper has been away from home?

yes

no

Please note any special restrictions, behaviors, activities to be avoided, or considerations the medical staff should be aware of.

What is your family doctor's name?

What is your family doctor's address?

For: (A0T7S0-1)



For:

What is your family doctor's phone number?

May we give/help apply bug repellent and sun screen to your camper, as needed?

yes

no

