



# Health Form

In the event of an injury or emergency, this information will be provided to medical personnel.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

## Emergency Contacts

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

## Insurance Information

Carrier or Plan Name \_\_\_\_\_ Group \_\_\_\_\_

Insurance Company Mailing Address \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

SS# of Policy Holder or Insurance ID# \_\_\_\_\_ DOB of Policy Holder \_\_\_\_\_

## Health History

Do you have a history of asthma?  Yes  No

If yes, list any regular or as-needed medications used to treat \_\_\_\_\_  
*\*you are required to bring all asthma meds to camp*

Do you have an epi-pen for emergency allergy reactions?  Yes  No

If yes, what allergy may require the use of epi-pen \_\_\_\_\_  
*\*you are required to bring all epi pens to camp*

\*Current medications to be taken at camp \_\_\_\_\_

Are all immunizations up-to-date?  Yes  No

Date (month/year) of last Tetanus (must have current Tetanus prior to camp) \_\_\_\_\_

Past Medical History (Include all surgical procedures) \_\_\_\_\_

I hereby give permission to the medical personnel selected by the camp administration to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me. I further give permission to the medical personnel selected by the camp administration to secure and administer treatment, including hospitalization, for the person named above. If I have any physical or health conditions that may restrict my participation in camp activities, I agree to abide by those restrictions.

Signature \_\_\_\_\_ Date: \_\_\_\_\_