

Brantwood Camp
PO Box 3350
Peterborough, NH 03458
(603)924-3542

Camper
Name _____
(Last) (First)
Date of Birth _____ Age _____ Male Female

Health History Form

This form is to be filled out and signed by the parent or guardian. Please note: This form must be accompanied by a photocopy of the camper's health insurance card and copy of immunization records including date of most recent tetanus shot.

Parent or Guardian Name (First and Last) _____

Home Address _____ Preferred Phone (____) _____

Second Parent or Guardian (First and Last Name) _____

Home Address _____ Preferred Phone (____) _____

If none of the people mentioned above is available in an emergency, the Camp should notify:

Name _____ Relationship to my Child _____

Home Phone (____) _____ Work(____) _____ Cell(____) _____

Operations or serious injuries (*dates*) _____

Chronic or recurring illness or medical condition _____

Restrictions from Camp activities _____

Dietary restrictions (i.e. vegetarian, no pork, lactose intolerance, etc.) _____

Current medications (*prescription & over-the-counter*) _____

Name of family physician _____ Phone (____) _____

Name of Dentist/Orthodontist _____ Phone (____) _____

Do you carry medical/hospital insurance? Yes No **If yes, please provide a photocopy of the card.**

Please describe any physical, mental or emotional condition that staff should be aware of? _____

For Female: Has your child menstruated? Yes No If not, has she been told about it? Yes No

If so, is her menstrual history normal? Yes No May she be dispensed tampons? Yes No

Health History: The following health history is correct as far as I know, and the person herein described has permission to engage in all the prescribed Camp activities except as noted above under restrictions. My signature below indicates that all immunizations are up to date for this individual and that the record of immunizations includes the mo/yr of last tetanus shot.

(Check. Give approximate dates.)
____ Frequent Ear Infections
____ Heart Defect/Disease
____ Seizures/Convulsions
____ Diabetes
____ Bleeding/Clot disorder
____ Hypertension
____ Mononucleosis
Other (*Specify*) _____

Diseases:
____ Chicken Pox
____ Measles
____ German Measles
____ Mumps

Allergies: (Dates not needed)
____ Hay Fever
____ Ivy Poisonings
____ Insect Stings
____ Penicillin
____ Other Drugs
____ Asthma
Other (*Specify*) _____

Authorization for Treatment: I hereby give permission to the medical personnel selected by Brantwood Camp to dispense medications, provide routine healthcare, seek emergency treatments, order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Brantwood Camp to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp. I understand that I may contact the camp and sign a waiver and refuse this permission to treat.

Authorization for Release: In the event of an emergency where I cannot be reached or am unable to pick up my child, I hereby give Brantwood Camp permission to release my child to the person(s) named as the second parent/guardian, emergency contact, the agency that referred my child, or individuals appropriately indicated on the Camper Application Form.

Signature of Parent or Guardian _____ **Date** _____