

HEALTH HISTORY FORM

Camper's Legal Name _____ Birthday _____ Age _____

Local Physician _____ Phone _____

Medical Insurance Provider / Policy Number _____ / _____

Please list any known allergies (example: medicines, foods, insects, plants, etc):

Please list current medications (prescription and non-prescription), frequency, dosage and condition it treats:

Please list any physical or mental conditions that should be shared with caregivers:

Please indicate whether or not your camper has had:

Tetanus Immunization: Y N Most recent immunization date _____

Skeletal Fractures: Y N If yes, when _____ What body part _____

Surgery/Illness: Y N If yes, please describe _____

Western Kids Camp will not release any information regarding you camper or furnish any copies of your records without your permission to do so unless medical personnel require this information in an emergency situation.

MEDICATION

WESTERN KIDS CAMP STAFF MAY NOT CARRY OR ADMINISTER MEDICATION. If possible, please give your child his/her medication prior to arrival and send only those necessary.

All medication must be in its original container. Please list medication information below:

Child's Name _____ Date _____

Doctor's Name _____ Name of Medication _____

List possible side effects (drowsiness, nausea, etc):

First Dosage Time and Amount _____ Second Dosage Time and Amount _____

Days that child will take medication: (please circle)

MON (date:____) TUES (date:____) WED (date:____) THURS (date:____) FRI (date:____)

I UNDERSTAND THAT WESTERN KIDS CAMP STAFF MAY NOT CARRY OR ADMINISTER THE ABOVE MEDICATION. I UNDERSTAND THAT WESTERN KIDS CAMP STAFF WILL SUPERVISE THE CHILD TAKING THEIR MEDICATIONS AS PER PARENT'S REQUEST AND DIRECTION LISTED ABOVE.

Signature _____ Date _____