



## Summer Camp at High Meadow Health Form

All information should be complete and correct.

Camper's Name _____	Sex _____	Birth date _____
last                      first                      middle		
Home Address _____		
City _____		State _____ Zip _____
Parent/Guardian Name _____		
Home Phone (     ) _____		Business Phone (     ) _____
Cell Phone A (     ) _____		Cell Phone B (     ) _____
If not available, in an EMERGENCY contact:		
Name _____		Phone (     ) _____

### Part One --- Parental Authorization

I understand and certify that my child's participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that although High Meadow School has taken measures to minimize the risk of injury to camp participants, High Meadow School cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the camp's rules and procedures for the safety of camp participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the High Meadow School staff members to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Carrier Phone Number (     ) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ SS# \_\_\_\_\_

### Part Two --- Health Information

- Basic Health History:**
- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> asthma       | <input type="checkbox"/> diabetes   |
| <input type="checkbox"/> bleeding disorders      | <input type="checkbox"/> heart defect | <input type="checkbox"/> any existing communicable disease (indicate below) |
| <input type="checkbox"/> Seizure disorders       | <input type="checkbox"/> epilepsy     | <input type="checkbox"/> hyperactivity                                      |
|  |                                       | <input type="checkbox"/> hypertension                                       |

**Allergies:**                       penicillin                       serious poison ivy                       bee stings  
 hay fever                       food allergies                       aspirin                       other

If "other" please specify: \_\_\_\_\_

Please indicate any medications to which the camper may be sensitive or allergic to: \_\_\_\_\_

Does the camper wear an identification band or carry a card to alert others of their allergy(ies), medical conditions, or necessary medications?

YES                       NO

**Immunizations:** **please attach a copy of current immunization records with the dates received**

**Operations, Serious or Chronic Illnesses:** \_\_\_\_\_

**Dietary Modifications While at Camp:** \_\_\_\_\_

**Prescription Drugs Camper Brings to Camp (include instructions):** \_\_\_\_\_

### **Part Three --- Health Examination Record**

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 12 months.

Physical Restrictions: \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Phone # of Family Physician \_\_\_\_\_ (     ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

We will also accept a standard form signed by your physician; however, a parent or guardian must sign Part I of this form.