

# Camper Health Assessment Form

Please return to: Adventureland Day Camp

97 Fieldstone Road/Levittown, PA 19056

This form must be completed and signed by the parents/guardians of camper.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
*Last First Initial*

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
*Street & Number City State Zip Area/Number*

Business \_\_\_\_\_ Phone \_\_\_\_\_  
*Street & Number City State Zip Area/Number*

Second Parent/Guardian(Emergency Contact) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
*Street & Number City State Zip Area/Number*

Business \_\_\_\_\_ Phone \_\_\_\_\_  
*Street & Number City State Zip Area/Number*

**If not available in an emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
*Street & Number City State Zip Area/Number*

**Health History**

(Check. Give approximate dates.)

- \_\_\_\_\_ Frequent Ear Infections
- \_\_\_\_\_ Contact Lenses
- \_\_\_\_\_ Heart Defect/Disease
- \_\_\_\_\_ Convulsions
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Bleeding/Clotting Disorder
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Mononucleosis
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Allergies(Dates not needed)**

- \_\_\_\_\_ Hay Fever
- \_\_\_\_\_ Ivy Poisoning, etc.
- \_\_\_\_\_ Insect Stings
- \_\_\_\_\_ Food
- \_\_\_\_\_ Drugs
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other(Specify) \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_

Group # and/or Id # \_\_\_\_\_

Operations or serious injuries(dates) \_\_\_\_\_

Chronic illness or medical condition \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Current Medications(send with completed Medication Administration Form)

\_\_\_\_\_

Other Diseases or Health Problems \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Suggestions on physical/mental health related information for camp personnel: \_\_\_\_\_

\_\_\_\_\_

This history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I will keep the camp updated with ongoing or new medical information as to the care of the above camper. In the event I or the above named doctor cannot be reached in an emergency, I give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

(Par Doc-3)