

HEALTH RECORD FOR CHILDREN IN DAY CAMP, AFTERSCHOOL & YOUTH CENTERS

(This side is to be completed by Parent before presenting to Physician)

NAME OF PROGRAM: CV Combined Civic Summer Fun

CHILD'S LAST NAME _____

CHILD'S FIRST NAME _____

DATE OF BIRTH _____

FEMALE MALE

HOME ADDRESS _____

CITY/STATE/ZIP CODE _____

HOME TELEPHONE NUMBER _____

PARENT'S OR GUARDIAN'S NAME _____

CONTACT TELEPHONE _____

FATHER'S PLACE OF EMPLOYMENT _____

TELEPHONE _____

MOTHER'S PLACE OF EMPLOYMENT _____

TELEPHONE _____

IN CASE OF EMERGENCY-NOTIFY _____

TELEPHONE _____

IF PARENT OR GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY: (FAMILY PHYSICIAN)

1. _____

OR

TELEPHONE _____

2. _____

TELEPHONE _____

IMPORTANT: Please notify Camp Officials if Child was/is exposed to any communicable disease at anytime three weeks prior to Camp attendance.

NO YES If YES, please give type of exposure: _____

HEALTH HISTORY (Check, giving approximate dates):

Asthma: _____ Behavior: _____ Chicken Pox: _____

Convulsion: _____ Diabetic: _____ Ear Infection: _____

Hay Fever: _____ Insect Stings: _____ Ivy Poisoning, etc: _____

Measles: _____ German Measles: _____ Mumps: _____

Past Illness: _____ Contagious illness: _____

Other Drugs: _____ Penicillin: _____ Rheumatic Fever: _____

Operations or Serious Injuries (Dates): _____

Hospitalization: _____

Chronic or Recurring Illness: _____

Other Diseases or details of above: _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

Permission for all program activities unless otherwise noted by physician: _____

Suggestion from Parent(s) or Guardian: _____

SIGNIFICANT HEALTH HISTORY AND CURRENT CONDITIONS

PLEASE LIST:

Medication taken: _____

Appliance worn (Glasses, Hearing Aid, etc.): _____

Conditions that modify activity (seizures, asthma, heart condition, etc.): _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give my consent/authority to the Staff of the Day Camp, year round Afterschool, and Youth Center Program to obtain the necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship: _____ Signature: _____ Telephone: _____ Date: _____