



Child's Name	Sex	Birthdate
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Have you traveled outside the country within the last year? _____ If so, where? _____

Illness and Conditions the Child Has Had or Has Presently (give dates if known)

Anemia	Frequent Headaches	Wears Glasses
Chicken Pox	Asthma	Wears Contacts
German Measles (Rubella)	Seizures	Frequent Sore Throats
Measles	Diabetes	Food Allergies (list below)
Mumps	Need for frequent bathroom breaks	Seasonal Allergies (list below)

Allergies (please describe) _____

For food allergies, can they sit at the same table as other children eating this food? _____

Has your child been immunized for Measles (MMR)?

yes (not sure of date) yes, on ___/___/___ No Not sure

To your knowledge, has your child been exposed to the Measles or around others that may have been exposed to it in the last 21 days? yes No Not sure

Child's Primary Care Physician _____ Ph # _____

History: Serious Accidents, Operations, Other Illness, X-rays, Handicap, etc. _____

Emergency Medications

If your child carries any emergency medications with them, they must be clearly labeled and handed to the instructor at the start of camp. You may choose to bring daily or leave at camp for the week.

I authorize staff to administer emergency medication as follows:

Emergency Medication name _____

Used for _____ History of needed use _____

Please look for these signs to indicate the need for medication _____

The child can administer this medication themselves with adult supervision

The child will need you to administer medication

ANY additional notes for staff (health or otherwise) _____

Parent Name _____ Parent Signature _____ Date _____