2010 CAMP OCP
HEALTH HISTORY AND EXAMINATION FORM

THIS FORM MUST BE COMPLETED BY BOTH THE PARENT/GUARDIAN AND A PHYSICIAN. PAGE ONE OF THE HEALTH FORM MUST BE COMPLETED AND SIGNED BY A PARENT. PAGE TWO OF THIS HEALTH FORM MUST BE COMPLETED AND SIGNED BY A PHYSICIAN. A PHYSICIAN FORM MAY BE ATTACHED TO THIS FORM.

CAMPER NAME ____ **SESSIONS ATTENDING** Please circle **1 2 3 4 5 6 7 8 9**

Birth Date____________________Sex__________Age_______________Grade Entering____________Phone______________________

Home Address____

Street City Zip

Custodial parent /guardian__________________________________Email____

Day Phone ____Cell Phone____

Second parent /guardian__________________________________Email____

Day Phone ____Cell Phone____

PARENT PICK-UP AUTHORIZATION & EMERGENCY CONTACTS-Not including parents/guardians. Please list up to FOUR people, who are authorized to pick up your child from camp. For your child's protection, they will only be released to someone listed below and they must have a photo ID.

1________________________________ **Phone**________________________**Relationship**______________________

2.________________________________**Phone**________________________**Relationship**______________________

3.________________________________**Phone**________________________**Relationship**______________________

4.________________________________**Phone**________________________**Relationship**______________________

Health history (Yes/No; give dates if applicable)

Operations or serious injuries (Dates)____

Chronic or recurring illness____

Drug/Food Allergies____

Name of child's physician____ Phone_______________________

Name of dentist/orthodontist____Phone_______________________

Health/medical insurance carrier____ Policy or Group #________________

Please share any additional health informaton ____

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Important—– Must be completed for attendance

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The child herein described has permission to engage in all camp activities except as noted by me and the examining physician.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including transportation, ordering x-rays and routine tests. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I also give permission to photocopy this form to bring along on camper field trips and to be shared with the emergency contacts above

Parent/Guardian Signature____ **Date** _______________

Please notify the camp director if this camper is exposed to any communicable disease during the three weeks prior to her or his camp attendance.

If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

This side is to be filled out by a licensed physician or you may attach the physician's own form.

Camper's Name ______________________________

Immunization history please record all dates (month and year) of immunizations and most recent booster doses.

Date of last physical exam:______________________________

must be within 24 months of child's attendance at camp.

Height ______________ Weight ______________ Blood Pressure______________

VACCINES	**Month/Yr**	**Month/Yr**	**Month/Yr**	**Month/Yr**	**Month/Yr**
DPT Diptheria, Pertussis, Tetanus					
TD Tetanus, Diptheria					
Tetanus					
Polio					
MMR Measles, Mumps, Rubella					
Measles, 2nd shot required					
Chicken Pox					
Tuberculin Test					
HB (Haemophilus influenza)					
Hepatitis B					
Other					

Is the applicant currently under the care of a physician? If yes, why.______________________________

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Allergies (food, drugs, insects, etc.)______________________________

Child's reaction/treatment to above______________________________

Current medications: ______________________________

If a camper will be taking medication, or might need medication such as an epi-pen during the camp day, a medication order (located in the parent packet) must be completed and signed by the physician. A parent must bring the medication to camp director in the original container with doctor's prescription on it.

Recommendations and/or restrictions while in camp:

Dietary______________________________

Swimming______________________________

Strenuous activity______________________________

Physical, mental, or psychological conditions requiring medication, treatment, or special considerations while at camp______________

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I have examined the child herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in all camp activities, unless otherwise noted above.

Licensed Physicians Signature:______________________________

Address ______________________________Phone______________

Date of Form Completion______________________________