

# Awesome Summer Adventure Health Form

The Health Form must be filled out and signed by a Parent/Legal Guardian and must be either sent to the ASA/Fircreek Registrar before the start of camp or accompany your child to camp.

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex M F

**Week(s) Attending:**

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ] 11

**Days Attending:**

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

Parent / Legal Guardian \_\_\_\_\_

Mailing Address of Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact. If I am not available, please contact \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_

*Please assure your Emergency Contact's availability during your child's stay at camp.*

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please answer each of the following**

	Yes	No
1) Had any recent injury, illness or infectious disease?.....	[ ]	[ ]
2) Wear glasses, contacts or protective eyewear?.....	[ ]	[ ]
3) Have an orthodontic appliance being brought to camp?.....	[ ]	[ ]
4) Have diabetes?.....	[ ]	[ ]
5) Have asthma?.....	[ ]	[ ]
6) Allergic to bee stings?.....	[ ]	[ ]
7) Are immunizations current?.....	[ ]	[ ]
8) Had Tetanus shot in last 5 years?.....	[ ]	[ ]
9) Had Tuberculosis?.....	[ ]	[ ]
10) Any diet restrictions?.....	[ ]	[ ]
11) Under any special medications?.....	[ ]	[ ]
12) Other. (Please state tendencies toward bed wetting, eating disorder or clinical emotional disorders.).....	[ ]	[ ]

Please give an explanation for any questions answered "Yes", noting the number of the question. Please note any medications and general health concerns.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Release authorization:** One of the following may pick up my child.

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

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

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

**Health / Medical Insurance**

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Type of Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

I give permission for my child to receive over-the-counter medicine, as deemed necessary by the Health Aid, such as Tylenol, Benadryl, Pepto Bismol, cough drops, cough medicine, etc. Please list exceptions:

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care; to administer medication; to order X-rays, routine tests, treatment; to release any records necessary for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied if necessary. By signing, I also release any rights to photographic images that may be taken at camp to be used for promotional purposes, either in print or on the world-wide web.

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_