

# 2016 BRETTON WOODS SUMMER DAY CAMP HEALTH HISTORY

Please Note: A health history form **must be completed for each child** attending a camp session. Applications will **not** be processed without a completed health history form.

PLEASE PRINT CLEARLY

Child's Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

1<sup>st</sup> Emergency Contact  
(Parent or Legal Guardian) \_\_\_\_\_

NAME

PHONE

2nd Emergency Contact  
(Other than Parent above) \_\_\_\_\_

NAME

PHONE

Physician: \_\_\_\_\_

NAME

PHONE

## HEALTH INFORMATION

1. ARE THERE ANY HEALTH PROBLEMS INCLUDING PHYSICAL, PSYCHIATRIC, OR BEHAVIORAL PROBLEMS OF WHICH WE NEED TO BE AWARE?  NO  YES, EXPLAIN

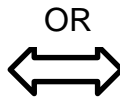
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\_\_\_\_\_  
\_\_\_\_\_

2. ARE THERE ANY MEDICATIONS, DIETARY RESTRICTIONS, ALLERGIES OR SPECIAL NEEDS THAT WE NEED TO BE AWARE OF TO ENSURE THAT YOUR CHILD'S CAMP EXPERIENCE IS POSITIVE?  NO  YES, EXPLAIN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IMMUNIZATION INFORMATION

FOR CAMPERS WHO RESIDE **WITHIN** THE UNITED STATES, A UNITED STATES TERRITORY OR THE DISTRICT OF COLUMBIA:



FOR CAMPERS WHO RESIDE **OUTSIDE** THE UNITED STATES, A UNITED STATES TERRITORY, OR THE DISTRICT OF COLUMBIA:

1. STATE/TERRITORY IN WHICH CHILD RESIDES:

\_\_\_\_\_

2. IS THIS CHILD EXEMPT FROM ANY IMMUNIZATIONS?

NO  YES, LIST THEM \_\_\_\_\_

1. COUNTRY IN WHICH CHILD RESIDES:

\_\_\_\_\_

2. ATTACH DEPARTMENT FORM DHMH-896 (RECORD OF VACCINATION OR IMMUNITY)

I, LEGAL GUARDIAN FOR THE ABOVE NAMED CAMPER, HEREBY GIVE MY PERMISSION FOR HIM/HER TO RECEIVE FIRST AID AND TREATMENT FROM THE CAMP STAFF AND, IF NECESSARY, BY THE LOCAL HOSPITAL. SIGNING BELOW STATES THAT ALL INFORMATION ABOVE IS FILLED IN COMPLETELY AND CORRECTLY TO THE BEST OF YOUR KNOWLEDGE.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_