HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS

(This side to be filled in by Parent before presentation to Physician)

NAME OF PROGRAM: _____ Permit No.

_____ _____ ____/____/____ ☐ Male ☐ Female

Child's Last Name First Name Date of Birth Sex

Home Address: _____ Tel. No. _____

Parent or Guardian: _____ Tel. No. _____

Place of Employment:

Father Guardian: _____ Tel. No. _____

Mother Guardian: _____ Tel. No. _____

In Case of Emergency, please notify: _____ Tel. No. _____

If Parent(s)/Guardian(s) are not available in an emergency, please notify:

1. _____ Tel. No. _____
2. _____ Tel. No. _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance.

☐ Yes ☐ No If yes, state type of exposure: _____

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HEALTH HISTORY: (Check and give approximate dates)

	Allergies	Diseases
Ear Infections _____	Hay Fever _____	Check Pox _____
Rheumatic Fever _____	Ivy Poisoning, etc. _____	Measles _____
Convulsion _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Other Contagious Illnesses _____
Asthmas	_____	_____

Other Past Illnesses: _____

Operations or Serious Injuries (Dates): _____

Hospitalization (Dates): _____

Chronic or Recurring Illness: _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

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

Appliance worn (glasses, contacts, etc.): _____

Medication taken: _____

Suggestion from Parent/Guardian: _____

****Parent/Guardian MUST sign this consent for Emergency Medical Treatment**

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

_____ _____ _____ _____

Relationship Signature Date Telephone No.

PHYSICAL EXAMINATION

(To be filled out by Physician. Please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY: This is a record of dates of basic immunization and most recent booster doses.					
Type	Date	Date	Date	Date	Date
DtaP, DTP or TD					
OPV/IPV					
MMR					
Homophiles Influenza Type					
Hepatitis B					
Varicella					
Other (Specify):					

MEDICAL EXAMINATION: To be filled out by license physician

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory
X = Not Satisfactory, Explain:
O = Not examined

General Appearance: _____

Height: _____ Weight: _____ Blood Pressure: _____ Hgb Test (Date): _____

Urinalysis: Date: _____ Posture & Spine: _____ Throat & Tonsils: _____

Eyes _____ Vision _____ W/ Glasses _____ Extremities _____ Heart _____

Ears _____ Hearing _____ Feet: _____ Lungs _____ Skin _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____

Genitalia _____

Neurological Findings _____

Describe Abnormal Findings and/or Handicapped Conditions _____

_____

Has child ever received products containing horse serum? _____

Allergy: *(Please specify)* _____

Recommendations and restrictions while in After-school:

Special Diet: _____

Special Medicine (Name it) _____

Is parent/guardian sending special medicine? _____

Swimming _____ Diving _____

Activity Restrictions _____

General Appraisal: _____

_____

_____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

_____MD _____

Physician's Name (PLEASE PRINT) Examining Physician's Signature

Telephone: _____ Address: _____

Date of Examination: _____ _____

***Your child's physician MUST sign and stamp this medical form. Otherwise, it will be returned.**