

Health Form

Camp Fire USA Illinois Prairie Council

Program Name: Camp Kata Kani Summer Day Camp 2010

Name: _____
Last First Middle

Address: _____
Number and Street City, State and Zip

Date of birth: _____ Gender: _____ Age: _____ Phone: () _____

Parent/Guardian Name(s): _____

Parent/Guardian Home Phone: () _____

Parent/Guardian Work Phone: () _____

Parent/Guardian Cell Phone: () _____

Alternate Emergency Contacts:

Name: _____ Relationship _____ Phone() _____

Name: _____ Relationship _____ Phone() _____

Name of family doctor _____

Doctor phone() _____ Date last seen by family doctor: _____

Name of family medical insurance: _____

Employer through which insurance is received: _____

Identification number of medical insurance: _____

If participant has been under the care of a physician within the past 12 months or if there is any question about activity restriction, attach a statement form a physician indicating restrictions and noting any pertinent recommendation.

1. Any operations, serious injuries, chronic illnesses or major life events: Yes ___ No ___
If yes, please specify:

2. Check communicable diseases to date:
Measles ___ Chicken Pox ___ Mumps ___ German Measles (Rubella) ___
Other _____
Note any communicable diseases camper has been exposed to in the last two weeks.

3. Give year of last immunization or booster for:
Tetanus Toxoid _____ German Measles (Rubella) _____
Diphtheria _____ Measles _____ Mumps _____ Chicken Pox _____
Polio _____ Other _____

4. Name any known allergies:
Food _____ Drugs _____ Plants _____
Animals _____ Insects _____ Other _____
Explain reaction and indicate medication used (If epi-pen used, additional form must be filled out): _____

Medication for above should be brought with you and Camp Director notified.

5. Check if prone to any of the following conditions:
Fainting _____ Convulsions _____ Stomach Upsets _____ Frequent Headaches _____
Asthma or Respiratory Problems _____ High Blood Pressure _____ Heart Problems _____
Restlessness or Sleepwalking _____ Fears _____ Other _____
Any disability requiring accommodation in the form of special attention, auxiliary aids or services, removal of physical or communications barriers, etc. (please specify)

6. The following are the auxiliary aids, services and/or special attention that I/my child require(s) to engage in the Camp Fire activity or event, as well as the physical and/or communications barriers that may need to be removed for me/my child to participate in the event:

7. List medication(s) and use, including insulin: (Should be original container with prescription and/or store label.)
Medication: _____ used for _____ when taken _____
Medication: _____ used for _____ when taken _____
Do you need any assistance administering medication? ___ Is refrigeration needed? ___ Please explain _____

8. Any prior activity restriction? _____ If yes, specify _____
_____ Any present activity restriction desired by participant, his or her parent, guardian or physician? ___ If yes, specify _____

I have completed the above information with my parents and will assume the responsibility for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well-being at the Camp Fire event described above.

Signature _____ Date _____
(Camper Signature)

I verify that the above medical information on my child, _____, is complete and accurate. I understand that my child must have had a physical examination within the past three years to participate in the day camp program. The month and year of the physical was _____. I also understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting such participant. In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever emergency medial or surgical treatment is necessary.

Signature _____ Date _____
(Parent or Legal Guardian)

Camp Fire USA Illinois Prairie Council will utilize the information provided on this form only for the protection of the participant and other participants.