2019 Summer Camp Health Form (Page 1)

THIS FORM IS TO BE COMPLETED AND SUBMITTED WITH CAMP APPLICATION.

An actual physical for camp is NOT necessary so long as all information is complete, correct, and that the camper has had a physical in the past 24 months.

Camper's Name _____ Sex _____ Birth date _____
last first middle

Home Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Home ( ) _____ Cell ( ) _____ Business ( ) _____

If not available, in an EMERGENCY contact:

Name _____ Cell Phone ( ) _____

Name _____ Cell Phone ( ) _____

Part One --- Parental Authorization

I understand and certify that my child's participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that although Albany Country Club has taken measures to minimize the risk of injury to camp participants, Albany Country Club cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the camp's rules and procedures for the safety of camp participants.

I understand that parents are contacted in the event their child receives professional medical attention. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to Albany Country Club to provide routine health care, administer prescribed medications, and seek emergency medical treatment including hospitalization, authorize x-rays or routine tests.

Signature of Parent _____ Date _____

If you carry medical insurance, please indicate:

Insurance Carrier _____ Policy # _____

Insurance Carrier Phone Number ( ) _____

Policy Holder's Name _____ SS# _____

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Part Two --- Health Information

Basic Health History:

¨ frequent ear infections ¨ asthma ¨ bleeding disorders ¨ diabetes ¨ heart defect

¨ convulsions ¨ epilepsy ¨ hyperactivity

¨ hypertension ¨ bedwetting ¨ sleepwalking

Allergies: ¨ penicillin ¨ serious poison ivy ¨ bee stings

¨ hay fever ¨ food allergies ¨ aspirin ¨ other (specify):

Immunizations: All immunizations must be up to date. Indicated dates of basic immunization or most recent booster.

_____ DPT _____ Polio _____ Measles _____ Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster." __)

Operations, Serious or Chronic Illnesses:

Dietary Modifications While At Camp:

Prescription Drugs Camper Brings to Camp:
(include instructions)

Part Three --- Health Examination Record

This health history record is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 24 months.

Physical Restrictions:_____

_____

Date of Last Physical _____

Parent's Signature _____ Date _____

Name & Phone # of Family Physician _____ ( ) _____