

CAMP MACLEOD – CAMPER HEALTH FORM

Camper's Name: _____ Camp _____
Last First Middle Initial

Health Card Number: _____ Date of birth: DD / MM / YYYY

Contact Information

Parent/Guardian: _____ Relationship to camper _____

Home Phone # _____ Work Phone # _____

Home address: _____

Other Emergency Contact: _____ Relationship to camper _____

Home Phone # _____ Work Phone # _____

Family Doctor: _____ Phone # _____

Health Concerns (diet/allergies/chronic conditions or special considerations we should be aware of as we prepare for your camper): _____

If your camper has had any other operations or serious injuries please explain: _____

Please note: To care for your child to the best of our ability, please describe any other physical, emotional or behavioral problems _____

Has your child been exposed to or suffered from any infectious disease during the three weeks prior to the first day of camp? For example: Measles, Chicken Pox, Mumps, Tuberculosis, Whooping Cough, H1N1, Mononucleosis, etc.
 Yes or No If yes, please call the Camp Director before coming to camp.

Date of last immunizations: _____

My Daughter has been informed about menstruation: Yes or No

Does your camper receive any medication? Yes or No If yes, please explain:

Illness/condition	Medication	Dosage	Time of day given

All medication must be given to the Director in the original package from the pharmacy on opening day.

Recent changes in Family (death, illness, divorce, etc) _____

Please Note: Head Lice: Parents/guardians of children identified with head lice or nits will be notified by the Camp Director and will be required to seek treatment for the child. It is recommended that other members of the household be checked as well. The parent/guardian is required to pick up the child immediately and keep them at home until the problem is cleared. Once the problem is cleared the child is welcome back.

Please Note: You and your doctor are responsible for the health of your camper; this form should clearly indicate their health status. The camp staff will do their utmost to contact the family if an emergency arises; however, the signature on this form signifies that permission is granted for camp staff to arrange for medical attention with a local doctor and for that doctor to provide any necessary treatment and that having taken such precautions as in the discretion of Camp MacLeod as are deemed advisable, Camp MacLeod shall not be held responsible for any accident or illness involving my child.

Signature of Parent/Guardian _____ Date _____

All information in this form is confidential.