

Confidential use for Junior and Teen Camp only
COMPULSORY HEALTH INFORMATION FOR

Name of Camper	First Name	Laundry No
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Parental / Guardian Authorization. This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities. In the event of an emergency, I hereby give permission to the physician selected by Junior and Teen camp staff to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I also give permission to the physician selected by Junior and Teen Camp staff to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child as named above. A Signature means acceptance of these terms.

Parental

Signature: _____ **Date:** _____

Name and First Name of Parent (in block letters) _____

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria, pertussis (whooping cough), Tetanus = DPT		
Tetanus, Diptheria = TD		
Tetanus		
Oral Polio (Sabin) TOPV		
Measles (hard measles, red measles, rubeola)		
Mumps		
Rubella (German Measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		
Heamophilus influenza b (HIB)		
Hepatitis B		

Health Care recommended by Licensed Physician

I have examined the above camp applicant.

Date examined: _____ 20 _____

In my opinion, the above's condition does does not preclude his/her participation in an active camp program.

Height		Weight		Blood Type	
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The applicant is under the care of a physician for the following condition(s) and medication :

Must be completed

Licensed Physician Full name	
Licensed Physician signature	
Address, City, Country	
Phone	
Date of competition + stamp	