



# Yearly Camper Health Form

To be completed by Parent/Guardian



In order to provide the best day camp experience, our personnel must understand your child's health needs. While the physical form is valid for three years, we required parent/guardians to provide updated medical information yearly. This form requests information from you which will be helpful to our staff in the event that medical care is needed. Thank you!

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address (Street, Town, ST, Zip): \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Instructions:** Please check answers to the following questions on the left. Please explain all yes answers in the space provided.

Yes No

1.   Do you have any concerns about your child's general health (overall eating, sleeping, teeth, etc.)?
2.   Has your child been diagnosed with any chronic disease  asthma  diabetes  seizure disorder  other \_\_\_\_\_?
3.   Does your child have any allergies (food, insects, medications, latex etc.)?
4.   Does your child take any medications (daily or occasionally)?
5.   Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
6.   Has your child had any hospitalization, operation, major illness or injury, or significant accident? (Please specify)
7.   Does your child have any physical restrictions that we can work to accommodate at camp?
8.   In the last 12 months, has your child had any behaviorally-based medical diagnoses?
9.   Does your child have health insurance? (If your child does not have health insurance, call 1-877-CT-HUSKY).
10.   Does your child have dental insurance?
11.   Would you like to discuss anything about your child's health with the camp nurse?

Please explain any "Yes" answers here. For illness/injuries/etc. include the year and or/ your child's age at the time.

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I give permission for the release of information on this form for the confidential use in providing for my child's health in camp.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date