

MACCYS 2007 Health Form

Camper's Name: _____ Birth Date: _____ Sex: _____

Parent or Guardian: _____ Home phone: _____

Address: _____ City: _____ State: _____ Zip: _____

If parent/guardian is not available in case of emergency, notify:

Name: _____ Phone: _____ Relation to camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of family physician: _____ Phone: _____

Family Health Insurance Company: _____ Policy No: _____

■ Has the camper ever had any of the following? If so, please write in the date:

Ear infections _____ Chicken Pox _____ Diabetes _____ Asthma _____

Rheumatic Fever _____ Measles _____ Convulsions _____ Mumps _____

German Measles _____ Operations or Serious Injuries _____

■ Has the camper ever had an allergic reaction to:

Hay Fever _____ Insect Stings _____ Penicillin _____

Other Drugs (specify) _____ Food _____

If answer is YES to any allergies, please describe the reaction:

■ Chronic or Recurring Illness _____

Other Diseases or Details of Above _____

■ Any specific activity to be encouraged? _____ Restricted? _____

■ Special diet? _____

■ Special Medication (specify) _____

Is parent/guardian sending it? YES _____ NO _____

■ If a camper has experienced emotional or behavioral problems requiring professional attention, please furnish us with information that will help the camp staff meet the needs of the camper:

■ Is camper a sleepwalker? YES _____ NO _____ A bed wetter? YES _____ NO _____

■ Give date of most recent immunization or booster:

Tetanus _____ DPT _____ Measles _____ Polio _____

Mumps _____ German Measles (Rubella) _____ Other (specify) _____

Parent's Authorization

This health history is correct to the extent of my knowledge, and the person described herein has my permission to engage in all prescribed camp activities, except as noted by me and the examining physician, if necessary. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child as named above, I will also be responsible to cover all emergency medical expenses of the camper.

Signature _____ Date: _____