



## Campers Health History Record Northfork Farms & Outback

Camper's Name (Last, first, middle) \_\_\_\_\_

Address (number and street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Authorized Person's Name \_\_\_\_\_

Address (number and Street) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

### Current Health Issues and History

List any special conditions such as bedwetting, fainting, sleep walking, or allergies camper has:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any health, behavioral or emotional problems camper has including current infectious disease:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Should camp's activity be restricted because of any physical reason?

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List any medications camper takes:

*Name:* \_\_\_\_\_

*Frequency:* \_\_\_\_\_

*Dose:* \_\_\_\_\_

*Name:* \_\_\_\_\_

*Frequency:* \_\_\_\_\_

*Dose:* \_\_\_\_\_

**Immunization Record**

Is child up to date on all shots?

Yes / No

*I certify that this information is true to the best of my knowledge*

**Authorized Person's signature** \_\_\_\_\_