

Campers Health Examination Form

Developed and Approved by
American Camping Association and American Academy of Pediatrics

Poughkeepsie Tennis Club

Name _____ Today's Date _____
Child's Nickname _____ Birthdate _____ Age _____
Parent or Guardian _____ Home Phone _____
Daytime Phone _____ Cell Phone _____
Home Address _____

HEALTH HISTORY: (Check and give approximate dates)

Frequent Colds _____ Kidney Trouble _____ Chicken Pox _____
Sore Throats _____ Asthma _____ Measles _____
Sinusitis _____ Heart Trouble _____ German Measles _____
Abscessed Ears _____ Convulsions _____ Mumps _____
Bronchitis _____ Athlete's Foot _____ Poliomyelitis _____
Fainting _____ Epilepsy _____ Whooping Cough _____
Stomach Upsets _____ Rheumatic Fever _____
Constipation _____ Tuberculosis _____
Serious Poison Ivy, Oak or Sumac _____
Operations or Serious Injury _____
Allergic Reactions: _____
 Bee Stings _____ Penicillin _____ Other Drugs _____
 Food Allergies _____
Details of Above or additional information _____

Any specific activities to be encouraged _____
restricted _____

IMPORTANT: Please notify the camp if this child is exposed to any communicable diseases during the period three weeks prior to the start of camp.

Suggestions from parents: _____

In case of medical emergency I understand that every effort will be made to contact parents or guardian of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

Parent name (print) _____ Signature _____

INSURANCE INFORMATION (Please copy both sides of insurance card)

Your Medical Insurance Plan _____

ID# _____ Group Name/# _____

INFORMATION RECORD:

Any concerns with:

Eyes _____	Glasses? _____	Ears _____
Nose _____		Throat _____
Teeth _____		Heart _____
Lungs _____		Abdomen _____
Allergy _____		Other _____

Restrictions/Recommendations (diet, medicine, swimming, diving, exercise) _____

IMMUNIZATIONS: (You may attach copy of your child's immunization records and latest physical examination completed within/prior to one year of camp enrollment)

DPT Series _____ booster _____ date _____	Tetanus booster _____ date _____
Polio Series _____ booster _____ date _____	Small Pox _____ date _____
Measles _____ booster _____ date _____	Mumps _____ date _____
Hay Fever _____	Rubella _____ date _____

PHYSICIAN INFORMATION

Name _____ Phone _____

Address _____

DENTIST INFORMATION

Name _____ Phone _____

Address _____

Reviewed by _____ Date: _____