Camp Northfield

Health History and Examination Form

Please fill this form out completely and accurately. If your child's pediatrician provides you with a copy of their own school or camp physical, their signature on this form is not required. Even if you choose to provide us with a copy of a school or camp physical, this form is still required. Thank you!

FULL NAME: _____

BIRTHDATE: _____ AGE: _____ GRADE ENTERING: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT / GUARDIAN NAME: _____

E-MAIL: _____ CELL NUMBER: _____

EMERGENCY CONTACT (other than above): _____

RELATION TO CAMPER: _____ CELL NUMBER: _____

DISEASES	ALLERGIES	HISTORY
☐ CHICKEN POX	☐ HAY FEVER	☐ FREQUENT EAR INFECTIONS
☐ MEASLES	☐ IVY POISONING	☐ HEART DEFECT/ DISEASE
☐ GERMAN MEASLES	☐ INSECT STINGS	☐ CONVULSIONS
☐ MUMPS	☐ PENICILLIN	☐ DIABETES
☐ OTHER	☐ OTHER DRUGS	☐ BLEEDING/ CLOTTING DISORDERS
	☐ ASTHMA	☐ HYPERTENSION
	☐ FOOD	☐ BED WETTING
		☐ ANXIETY/ DEPRESSION

EXPLAIN ANY OF THE ABOVE AS NECESSARY: _____

_____

OPERATIONS OR SERIOUS INJURIES: _____

_____

ANY SPECIFIC ACTIVITIES TO BE ENCOURAGED OR LIMITED BY PHYSICIAN'S ADVICE: _____

_____

DIETARY MODIFICATIONS: _____

_____

NAME OF FAMILY PHYSICIAN: _____ PHONE: _____

DATE OF LAST PHYSICAL EXAMINATION (must be within 24 months of first day of camping week): _____

_____ _____

Signature of Parent/ Guardian *Date*

_____ _____

Signature of Licensed Physician *Date*