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	☐ *NO KNOWN ALLERGIES*	☐ 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
	☐ HAY FEVER	☐ 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): _____

By signing below, you authorize the Camp Nurse to treat your child for any and all injuries or illnesses that arise during their stay at Camp Northfield and for any pre-existing medical conditions.

_____ _____

Signature of Parent/ Guardian *Date*

_____ _____

Signature of Licensed Physician *Date*