## **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:			
			GRADE ENTERING:
ADDRESS:			
		_ SIAIE:	ZIP CODE:
PARENT / GUARDIAN NAME:			
	CELL NUMBER:		
EMERGENCY CONTACT (other than above):			
RELATION TO CAMPER: _	CELL NUMBER:		
DISEASES	ALLERGI	ES	HISTORY
CHICKEN POX	HAY FEVER		□ FREQUENT EAR INFECTIONS
□ MEASLES	□ IVY POISONING		□ HEART DEFECT/ DISEASE
GERMAN MEASLES	□ INSECT STINGS		
□ MUMPS	D 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