

Emergency and Health Information Form

PARENTS: You will only need to complete one form per child per camp season, provided that none of the information changes. If any information changes, please submit a new complete form. All forms on file will be destroyed at the end of the camp season.

Name _____ Home Phone () _____
 Age _____ Date of Birth _____ Male _____ Female _____
 Address _____ City _____ State _____ Zip _____
 Parents' Names _____ Home Phone () _____

Where parents may be reached in case of emergency:

Location 1: _____ Phone () _____
 Location 2: _____ Phone () _____

Fold

Fold

If parent or guardian cannot be reached in an emergency, please list who camp or LLC office staff may contact:

Name: _____ Phone () _____
 Name: _____ Phone () _____
 Name: _____ Phone () _____
 Name: _____ Phone () _____

Does your child have any of the following? Is so, please list:

ALLERGIES/ASTHMA

Special needs _____

 Chronic or recurring illnesses _____

 Operations or injuries _____

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Please share other information about your child that would be necessary to know:

Medications needed or used (including psychiatric):

Kind	Frequency	Dosage	Currently being given	
			yes	no
			yes	no
			yes	no
			yes	no

IMMUNIZATION HISTORY

Please record the date (month and year) of basic immunizations and most recent booster dates.

Vaccines	Vaccination Dates
Diphtheria, Pertussis, Tetanus (DPT) or Diphtheria, Tetanus, acellular Pertussis (DTaP)	<div style="display: flex; justify-content: space-around;"> _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (First Dose) (Second Dose) (Third Dose) (Fourth Dose) </div>
Measles, Mumps, Rubella (MMR)	<div style="display: flex; justify-content: space-around;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (First Dose) (Second Dose) </div>
Polio	<div style="display: flex; justify-content: space-around;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (First Dose) (Second Dose) (Third Dose) </div>
Diphtheria-Tetanus or Tetanus-diphtheria (DT or Td)	<div style="display: flex; justify-content: space-around;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (First Dose) (Second Dose) </div>
Haemophilus influenzae type b (HIB)	<div style="display: flex; justify-content: space-around;"> _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (First Dose) (Second Dose) (Third Dose) (Fourth Dose) </div>
Hepatitis B (HEP B)	<div style="display: flex; justify-content: space-around;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (First Dose) (Second Dose) (Third Dose) </div>
Varicella (Chickenpox) <small>Vaccine is only required if child has not had Chickenpox.</small>	<div style="display: flex; justify-content: space-around;"> _____ _____ </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (First Dose) (Second Dose) </div> <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> Has had Chickenpox. </div>

Has your child ever tested positive for any infectious disease (e.g. hepatitis, HIV, etc) yes no

If yes, please explain: _____

HEALTH INSURANCE COVERAGE

Complete the following information or attach a photocopy of each side of your/your child's insurance card.

Policyholder _____ Plan Name _____ Address _____ _____ _____ Policy Number _____	Empty space for insurance card photocopy
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PARENT'S AUTHORIZATION

The information on this form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me or the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the camp director or to the camp health officer to administer first aid and/or emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp.

Signature _____ Date