

# Health Form – Camp Mt. Hermon 2010

This health statement should be completed by a *physician or nurse practitioner* within **24 months of camp**. Last year's health form or current school health statements are acceptable. Failure to bring this record to camp will require the camper to be checked by the camp's physician at the parent's expense. (Please print.)

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Date of last visit to physician within 24 months of camp: \_\_\_\_\_

**Note to Physician/Nurse Practitioner:** This child is planning to attend a week-long camp away from his/her home and some distance from care. The camp will have a health supervisor who has at least completed an advanced first aid course. Your response to all these questions will help care for the child. Use the back of form for additional information.

Past history of serious lacerations, injuries or illnesses: \_\_\_\_\_

Penicillin or other drug allergies/reactions: \_\_\_\_\_

Current medications, including directions: \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

Attach an official certificate of immunization or complete the following:

Vaccine	Month/Year Given	Vaccine	Month/Year Given
Diphtheria-Tetanus-Pertussis		Rubella	
Tetanus-Diphtheria (TD)		Mumps	
Polio		Other	
Measles (hard, red)		Other	

I have examined this camper and found his/her to be in satisfactory physical condition and capable of active participation in a regular camping program EXCEPT as follows: \_\_\_\_\_

Signature of physician/nurse practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of physician/nurse practitioner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parents, please complete the following:**

Authorization for Emergency Medical Care – I hereby give permission to Camp Mt. Hermon officials to call a doctor or emergency medical service and for a doctor, hospital, or medical service to provide emergency medical or surgical care for my child, \_\_\_\_\_ (first and last name), should an emergency arise. It is understood that Camp Mt. Hermon officials will make a conscientious effort to locate the parent/guardian and emergency contact listed on camp registration before any action is taken. If it is not possible to locate anyone, I/We accept the expense of emergency medical or surgical treatment that is not covered by my child's health insurance or limited camp insurance.

Child's Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_