

Camp Triumph 2010 Health Form

(Filled out by Parent/Guardian and returned with application)

Areas:

Danvers North Reading Bedford

(Circle One)

Camper's Name _____ Birth Date _____ Age (as of June 1) _____ Sex _____

Circle each week your child is attending camp: 1 2 3 4 5 6 7 8

Period I Period II Period III

Parent or Guardian _____ Phone () _____ Cell () _____

Home Address _____ Work Phone () _____
Street & Number City State Zip Code

Second Parent or Guardian _____ Phone () _____ Cell () _____

Home Address _____ Work Phone () _____
Street & Number City State Zip Code

Additional Emergency Contact _____ Phone () _____ Cell () _____
Name Relationship

Health History:

(check each item) Yes No
Frequent ear aches [] []
Convulsions [] []
Diabetes [] []
Bleeding/Clotting Disorders [] []
Hypertension [] []
Mononucleosis [] []

Diseases:

Yes No
Chicken Pox [] []
Measles [] []
German Measles [] []
Mumps [] []

Allergies:

Yes No
Hay Fever [] []
Poison Ivy (etc.) [] []
Insect Stings [] []
Penicillin [] []
Asthma [] []
Other Drugs [] []
Food [] []
Latex [] []

Details of Allergic Reaction _____

Operations or serious injuries (dates) _____

Diagnosis, disability, chronic or recurring illness _____

Any specific activities to be limited by physician's advice _____

Dietary restrictions _____

Current medication (Send with instructions and sign back of this form) _____

Other diseases or details of above _____

Name of dentist/orthodontist _____ Phone () _____

Name of Physician _____ Phone () _____

Date of last physical examination _____

Do you carry medical/hospital insurance? _____

If so, please indicate: Carrier _____ Policy/Group Number _____

Suggestions or health-related information for camp personnel _____