



Mežotne Children's Summer Camp Health Form

Last Name _____ First Name _____
Birth date _____ Age (as of July 1) _____ Gender _____

If Health Form is for your child, please fill out the following:

Parent/Guardian _____ Address _____
Phone (____) _____ City _____ State ____ Zip Code _____
Cell phone (____) _____ Work Phone (____) _____

Second Parent/Guardian _____ Address _____
Phone (____) _____ City _____ State ____ Zip Code _____
Cell phone (____) _____ Work Phone (____) _____

If Health Form is for you, please fill out the following:

Spouse or Emergency Contact _____ Phone (____) _____
Cell phone (____) _____ Work Phone (____) _____

Health History:

Has the camper been seriously ill ? _____
Had an operation ? _____
Had any serious accident ? _____
Please explain _____

Has the camper received the following immunizations and the recommended boosters, or had the disease? (Please circle)

MMR (measles, mumps, German measles), Polio, HIB, PCV, Hepatitis B, Hepatitis A,
Varicella (chickenpox), Menectra (Meningococcal Vaccine).

Most recent date of Tetanus booster (DT, DPT, TDaP) _____

PLEASE CIRCLE ANY PRESENT HEALTH CONCERNS:

Allergies / bee sting allergy / asthma / diabetes / seizures / cardiac difficulties / urinary difficulties / abnormal bleeding / hearing difficulties / visual difficulties / emotional problems and concerns / movement (bone or muscle) disturbances / scoliosis / other _____

Please note: ALL LIFE THREATENING HEALTH CONDITIONS / ALLERGIES / ASTHMA REQUIRE A HEALTH CARE PLAN PRIOR TO ATTENDING CAMP.

Camper's limitations (please describe) _____

Current medications _____

Physician _____ Phone (_____) _____

Date of last physical examination _____

Dentist \ orthodontist _____ Phone (_____) _____

Suggestions or health-related information for camp personnel _____

Medical / Hospital insurance carrier _____

Member ID # _____ Group # _____

Name of Policyholder _____ Camper's relationship to policyholder _____

Please provide photocopies of both medical and pharmacy insurance cards (both sides).

Do you give the staff of Mežotne Children's Summer Camp permission to administer the following?

- | | | |
|-----|-----|---|
| Yes | No | |
| ___ | ___ | Sunscreen |
| ___ | ___ | Insect repellent |
| ___ | ___ | Topical anesthetic (for skin abrasions or sunburn) |
| ___ | ___ | Tylenol or equivalent (for headache or fever) |
| ___ | ___ | Benadryl or equivalent (for insect bite/sting or plant reactions, hives, or other allergic reactions) |

For my child:

I hereby certify that the above named camper is in good health and fully able to participate in all activities except those stated above. In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize and/or secure treatment for my child.

Signature _____

Date _____

For myself:

In the event of an emergency such that I am not able to give authorization and no emergency contact person is available, I hereby give permission to the attending physician to hospitalize and / or secure treatment for me.

Signature _____

Date _____

To be completed by parents who are sending prescription medication to camp with child/children:

I hereby give permission to the camp physician or nurse or designated substitute to administer the following medications to my child:

Medication: _____
Dosing instructions: _____
Prescribed by Dr. _____ Phone (_____) _____

Medication: _____
Dosing instructions: _____
Prescribed by Dr. _____ Phone (_____) _____

Medication: _____
Dosing instructions: _____
Prescribed by Dr. _____ Phone (_____) _____

Any further instructions regarding medications need to be sent in writing.

Signature _____ Date _____
Relationship to child _____