

Kiddy Camp Registration & Health History Record

This health history is to be completed & signed by Parent / Guardian

Camper's Name: _____ Age: _____

Parent/Guardian: _____ Day phone: _____

Address: _____

Emergency Contact: _____ Phone # : _____ Relationship: _____

Part 1: Chronic Illnesses & Injuries

- Ear infection Bleeding/Clotting Disorders Hypertension Asthma
 Heart defect/disease Musculoskeletal disorders Seizures Diabetes
 Other _____

Is participant under a doctor/psychologist's care now? Yes No

Any serious injury needing medical attention? Yes No Any surgical procedure or fracture? Yes No

Any prescribed/over-the-counter medications? Yes No Any exposure to a contagious disease? Yes No

Treatment in a hospital or emergency room? Yes No

Any restrictions concerning physical activity? Yes No

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN:

Part 2: Allergies (Check those that apply & specify nature of allergic reaction)

- Animals _____ Hay fever _____
 Pollen _____ Food _____
 Meds/drugs _____ Insect stings _____
 Plants _____ Other (specify) _____

Part 3: Other health conditions (Check those that apply)

- Emotional disturbances Constipation Fainting
 Hearing impairment Motion sickness Nosebleeds
 Special diet regime Wear glasses or contact lens
 Other (Please specify) _____

Part 4: Immunization history: Are all immunizations up to date Yes No

If no, please explain: _____

Please indicate any information useful to the adult in charge in relation to ANY of these health conditions. Also, please indicate any activities to be encouraged or restricted.

As Parent/Guardian having legal custody of the camper named, who is voluntarily enrolled as participant in the Cub Scout Day Camp Kiddy Camp Program, I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for my child to attend camp and participate in all phases of the program I know of no reason (s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted.

Signature of Parent/Guardian: _____ Date: _____

Mail Form & Fee (\$15.00/day) to: Troop 41590 c/o Tricia Wharton * 11677 SE 318th Ct., Auburn, WA 98092