

Health History Record

This side to be filled in by parent for ALL campers



Name _____
Last First Middle initial

Parent/Guardian _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Date of birth _____ Age _____ Sex _____

In emergency, notify _____ Address _____ Phone _____

Primary care physician's name _____ Phone _____

Health History: (Check those that apply)

Diseases

Chicken Pox

Measles

German Measles

Mumps

Allergies

Animals

Food

Hay fever*

Insect stings*

Medicine/drugs

Plants

Pollen

Other

* Please describe or list allergies.

Chronic or Recurring Illness

Ear infections

Heart defect/disease

Seizures

Bleeding disorders

Asthma

Hypertension

Diabetes

Musculoskeletal disorders

Other (specify)

Please describe condition and give dates.

Operations or serious injuries _____

Hospitalizations _____

Other diseases/disabilities _____

Suggestions from parent:

The camp health supervisor has permission to administer the following medication(s): Ibuprofen Sudafed/Pseudoephedrine HCl
 Benadryl/Diphenhydramine HCl Tums/Calcium Carbonate Immodium AD/Loperamide HCl Tylenol/Acetaminophen

Comments Where Applicable:

Fainting _____ Sleep disturbances _____

Bed wetting _____ Menstrual cramps _____

Constipation _____ Nosebleeds _____

Emotional disturbances _____ Other _____

Specific activities to be encouraged _____ Restricted _____

Special medical or dietary regimen to be followed (specify) _____

This health history is correct and my child has permission to engage in all activities except as noted by me and the examining physician. I give full permission for EMERGENCY MEDICAL TREATMENT and/or anesthesia to be administered by quality personnel as deemed necessary by the camp health supervisor or the camp director.

Parent/Guardian signature _____ Date _____

If going to Resident Camp, you must also complete Health Examination Record.

Health Examination Record



This side is for RESIDENT campers only and is to be filled in by physician after review of Health History with parent/guardian.

Health Examination: *(Required within last 24 months)*

Date of examination _____ Height _____ Weight _____ B.P. _____

Appearance-Nutrition _____

Eyes (without glasses): R 20/ _____ L 20/ _____ Eyes (with glasses): R 20/ _____ L 20/ _____

Ears _____ Hearing: R _____ L _____

CODE: S = Satisfactory X = Not satisfactory O = Not examined

Nose _____ Throat _____ Teeth _____ Heart _____ Lungs _____ Abdomen _____

Genitalia _____ Hernia _____ Skin _____ Urinalysis* _____ HGB _____ Musculoskeletal _____

General physical and emotional status _____

Other notes _____

Record of Immunizations:

Immunization	Year primary series completed	Year of last booster
D.T.P.	_____	_____
Diphtheria	_____	_____
Pertussis (Whooping cough)	_____	_____
Tetanus	_____	_____
Td	_____	_____
Oral Polio	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Hbpv	_____	_____
Tuberculin test*	Type _____	_____
	Year given _____	_____
	Result _____	_____
Other	_____	_____

Physician's Comments & Recommendations:

Give details or indicate management of significant illnesses _____

THIS PERSON IS IN SATISFACTORY CONDITION AND MAY ENGAGE IN ALL USUAL ACTIVITIES EXCEPT AS NOTED.

Licensed Physician's name _____ Phone _____

Licensed Physician's signature _____ Date _____

Address _____ City _____ State _____ ZIP _____

** Not required for every health examination. A Daisy, Brownie, or Junior Girl Scout should have this test if she has not already had it, either when entering school or at any time since. A Cadette or Senior Girl Scout should have this test if she has not had it since entering puberty.*