Rising Star Camp

Health History & Physician's Exam Form

This form must be received two weeks prior to camp. **Children are not permitted to attend unless form is complete**. Everyone must submit an updated form each summer. This side to be completed by parent/guardian of minor or by adult camper/staff.

Return To: WYSB/ Rising Star Camp
NWCTY
480 Main St.
Winsted. CT 06098

Telephone: (860) 379-0708/Fax: 1-877-802-8496

Name_____ DOB_____ Sex____ Age_____
Last First Initial

Address_____ Phone_____

City_____ State_____ Zip Code_____

Mother's Name_____
(or Guardian)
Employer_____ Phone_____

Father's Name_____
(or Guardian)
Employer_____ Phone_____

If parents do not live together, camper lives with: _____ Mother _____ Father _____Guardian

Address of non-custodial parent_____ Home Phone_____

MEDICAL INSURANCE _____
Carrier Name

Policy/Group#_____

For Female Camper—
Menstruation started: yes/no
Has understanding of: yes/no
Special Consideration_____

Physician_____ **Phone**:_____

Dentist_____ **Phone**:_____

Health History (Check/Dates)

Frequent Ear Infections_____
Heart Defect/Disease_____
Convulsions_____
Diabetes_____
Bleeding/Clotting Disorders_____
Hypertension_____
Mononucleosis_____
Chicken Pox_____
Measles_____
German Measles_____
Mumps_____

Allergies—Please Describe:
Plants_____
Insects_____
Medication_____
Food_____
Other_____

Has this camper ever been stung by a bee? If yes, describe reaction and treatment, if any:

_____

Does this camper have asthma? If yes, please describe treatment:

_____

Has this camper every received psychiatric counseling?_____

Operations or serious injuries (dates):_____

Current Medications:_____

Dietary Restrictions:_____

Other details, instructions, or recommendations:_____

*****IMPORTANT***Below must be completed and signed for attendance*****

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for me/or my child as named above. This form may be photocopied for use out of camp.

Signature (parent/guardian)_____ Date_____

IMMUNIZATION HISTORY
Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1.	1.
Pertussis (Whp. Cough) DPT*	2.	2.
Tetanus	3.	3.
Or		
Tetanus Diphtheria TD*		
Or		
Tetanus Oral Polio (Sabin)*TOPV		
Injectable Polio (Salk)		
Measles (hard, red, Rubeola)		
Mumps		
Rubella (German, 3-day)		
Other		
Tuberculin Test	Given (most recent)	
Haemophilius influenza b (HIB)		
Hepatitis B (HBV)		

HEALTH EXAM BY LICENSED PHYSICIAN:

I have examined the named camp applicant within the past **three** years. Date examined:_____
In my opinion, the applicant's condition does/does not preclude his/her participation in an active camp program.

HEIGHT_____ WEIGHT_____ BLOOD PRESSURE_____

The applicant is under the care of a physician for the following conditions:_____

_____

Current Treatment (include current medications):

_____

Explanation of any reported loss of consciousness, convulsion, or concussion:

_____

Does applicant have epilepsy? YES_____ NO_____ Does applicant have diabetes? YES_____NO_____

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP:

Any treatment to be continued at camp:

_____

Any medication to be administered at camp (specific dosages):

_____

Any medically prescribed meal plan or dietary restrictions:

_____

Any allergies (food, drug, plants, insects, etc.):

_____

Additional Health Information:

Licensed Physician's Signature_____ Phone_____

Address_____

Date form completed_____ *By_____

*Initial if completed by nurse or physician's assistant