

Statement of Camper's Health History and Well Being

Doctor's Name _____ Phone (_____) _____ Fax (_____) _____

Is the camper in good health and able to participate in all camp activities? (Yes) (No)

Restrictions (Activity or Dietary): _____

If a camper has a known complicating medical problem or has had an operation or serious illness since the last health examination, camper must have written permission from a licensed physician in order to participate in the camp program.

Is the camper receiving medical treatment or under the care of a psychologist/therapist or physician? (Yes) (No)

If yes, why? _____

Is the camper currently enrolled in a special school/class or social skills class? (Yes) (No)

If yes, why? _____

Does the participant currently take medication? (Yes) (No)

If yes, what and why _____

Will the camper be taking medication at camp? (Yes) (No) if Yes, we will send you a "Request for Giving Medication at Camp" form

Health History: Check giving approximate dates

_____ Frequent Colds	_____ Frequent Sore Throats	_____ Sinusitis	_____ Abscessed Ears
_____ Bronchitis	_____ Rheumatic Fever	_____ Fainting	_____ Stomach upsets
_____ Constipation	_____ Kidney Trouble	_____ Bed Wetting	_____ Tuberculosis
_____ Heart Trouble	_____ Convulsions / Seizures	_____ Athlete's Foot	_____ Sleep Walking
_____ Chickenpox	_____ Diabetes	_____ German Measles	_____ Mumps
_____ Depression	_____ Eating Disorder	_____ DPT	_____ Frequent Ear Infections
_____ Tetanus	_____ Measles	_____ Whooping Cough	_____ A.D.D.or A.D.H.D.
_____ Poliomyelitis	_____ Other		

Allergies: _____

Special Needs: _____

Details or information we should know about your child: _____

Additional Camper Information

In general terms how has your child's school year been? _____

What would you as a parent like your child to gain from camp? _____

What would your child especially like to do as a camper? _____

Agreement and Signature

- I have read, understood, and agree to the above Participant Agreement/Terms and Conditions
- I have read, understood, and agree to the above Assumption of Risk and Hold Harmless Agreement
- To my knowledge the information I have supplied in the above Statement of Camper's Health History and Well Being is accurate and complete.
- My child has no communicable disease which would make him / her an unhealthy campmate for others. To the best of my knowledge, my child is in good health.
- If my child is exposed to any INFECTIOUS DISEASE or CONTAGIOUS CONDITION within FOUR (4) weeks prior to attending Camp, I will notify/ call the Camp.
- I hereby give permission to the medical personnel selected by Camp Dixie to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injections or anesthesia and/or surgery for my child as named above.
- I hereby give permission to Camp Dixie to transport my child as necessary for emergencies.
- This authorization may be copied for use off campus.
- I hereby release Camp Dixie

By submitting this registration, I acknowledge that I accept and agree to abide by Camp Dixie's Policies.

Parent / Guardian 1 Printed Name: _____ Signature: _____ Date: _____

Parent / Guardian 2 Printed Name: _____ Signature: _____ Date: _____