

EcoTarium Summer Discovery Camp 2017 Health History Form



Parent Section:

Parents please fill out this section **including the health insurance info and the parent's signature for emergency hospital care on page 2.**

Please print:

Name of Camper _____ Date of Birth (M/D/YR) _____

Age of camper (*by July 1st, 2017*) _____ Sex _____

Address of camper _____

Parent/Guardian's name _____

Parent's Address (if different from above) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please provide an emergency contact person who can be reached during the camp day

Emergency Contact Person _____ **Emergency** Phone _____

Medical History: Has your camper had any of these listed below?

(Give Dates) (**Write N/A** if not applicable to your camper)

Ear Infections _____	Heart Disease _____	Convulsions _____
Diabetes _____	Clotting Disorders _____	Hypertension _____
Mononucleosis _____	Chicken Pox _____	Measles _____
German Measles _____	Mumps _____	Meningitis _____
Poliomyelitis _____	Hernia _____	Kidney Disease _____
Rheumatic Fever _____	Scarlet Fever _____	Strep Throat _____
Tonsillitis _____	Tuberculosis _____	Whooping Cough _____
Asthma _____	Other _____	

Allergies: Does your camper have any allergies?

(**Write N/A** if not applicable to your camper; give specific information if possible)

Hay Fever _____ Ivy Poisoning _____ Insect Stings _____ Animals _____

Food _____ **Drugs** _____

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Activities limited by a physician _____

Dietary modifications _____

Current medications _____

Date of last physical examination _____ (Must be within two years of July 2017)

Print **Physician's name** _____

Return by May 26, 2017 * Mail: EcoTarium, Attn: Kate Banyas, Camp Director, 222 Harrington Way, Worcester, MA 01604 * Fax: 508-929-2701 * Email: campdirector@ecotarium.org

Insurance Information:
(Please fill out completely)

Name of health insurance carrier _____

Health Insurance Policy Number _____

(Information required or need to fill out indemnity form) This info is **not** found on the doctor's form.

Required signature by the parent/ guardian below for emergency hospital care.

Parent Authorization for Treatment: I hereby give permission to medical personnel selected by the program director to order x-rays, routine tests, treatment and necessary transportation for my child. 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 my child as named above. The completed forms may be photocopied for trips out of camp.

Parent/Guardian Signature _____ Date _____

Doctor's Section:

The doctor **MUST** fill out this section **or** attach his/her form to this EcoTarium form.

IMMUNIZATIONS – please print

Immunization	Date(s)
Diphtheria	
Pertussis	
Tetanus	
Oral Polio	
Injectable Polio	
Hibmopilius	
Influenza	
Measles	
Mumps	
Rubella	
Tuberculin Test	
Hepatitis B	

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.

Physician's Signature _____ Date _____

Required signature either here or on the doctor's form.

Please make sure the form is filled out **completely** before returning. Thank you!

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