



If your child attended Discovery Camp in 2012 and none of their health information has changed, please note on your registration form that the Permission and Health form is on file. You do not need to have your child examined by a physician, but please fill out these forms using your most recent medical records. Please complete a separate form for each child attending camp. Thank you!

Session(s) your camper will be attending: _____

HEALTH HISTORY

Child's Name _____ Current Grade _____

Parents/ Guardian Names _____

Insurance _____

Name of Policy Holder _____ Policy# _____

Name of physician _____ Phone _____

Date of the last tetanus shot _____ Date of last health exam _____

Operations or serious injuries (dates) _____

Chronic or recurring illness(es) _____

Comments _____

Check any condition that applies, and elaborate if necessary:

- hay fever poison ivy, oak, etc allergies diabetes asthma ear infection
- food insect stings epilepsy medicine heart trouble other

Comments _____

Does your child carry an Epi-Pen? Y or N if Yes, what is the allergy? _____

SPECIAL NEEDS (dietary or mobility needs and/or restrictions) _____

Current medications _____

Does your child have learning differences we should be aware of? If so, what are they? _____

Does your child require wraparound services during the school year? If yes, will they be attending with the child?
If no, what are the child's requirements? _____

If there is any additional information that we, as your child's daytime caretaker, should be aware of, please list below (special emotional needs, ADD, phobias, etc.) Include instructions for dealing with these needs.

Comments _____

EMERGENCY CONTACT INFORMATION

Parents/Guardian _____ Phone _____ Cell Phone _____

Parents/Guardian _____ Phone _____ Cell Phone _____

Alternative Contact _____ Phone _____ Cell Phone _____