



CWA WEEKEND WATERFOWL CAMP

CAMPER HEALTH FORM **To be completed by Parent or Guardian**

Camper's Name: _____ Age: _____ Sex: Male Female

Camp Dates: _____

Complete and correct health information and a parent/legal guardian's proper signature are REQUIRED before Camper will be permitted to attend camp.

CAMPER'S HEALTH HISTORY

Check any condition the Camper has that a camp counselor should know about:

Heart Condition	___	Bed-Wetting	___	Rheumatic Fever	___
Diabetes	___	Eye/Ear Infection	___	Sleep-Walking	___
Allergy/Bee Sting	___	Convulsions	___	Homesickness	___
Drug Allergy	___	Poison Oak	___	Contact Lenses	___
Headaches	___	Nosebleeds	___	HIV	___
Food Allergies	___	Other	___		

Please explain any items marked above: _____

Is Camper taking any medication? ___ Yes ___ No / Name(s) of any medication: _____

Does Camper have any physical impairment which requires accommodation? ___ Yes ___ No

Explain: _____

Other health information the camp counselors should know about: _____

IMPORTANT: Please notify the camp if camper has been exposed to any communicable diseases within three weeks prior to reporting to the camp.

IMMUNIZATION HISTORY

D.P.T. Series _____	Booster _____
Polio _____	Booster _____
Measles _____	Booster _____
Other _____	Booster _____
Date of most recent Tetanus Immunization _____	

IN CASE OF EMERGENCY, I, _____, as the parent or legal guardian of _____, understand that first aid will be available at camp, that the Camper will be closely supervised, and that, if serious injury or illness develops, medical and/or hospital care will be given. I further understand that I will be notified in case of serious injury or illness. However, if it is impossible to contact me, I give my permission to the physician selected by the camp staff to hospitalize, to secure proper treatment for, and to order prescriptions, anesthesia, or surgery for my child named above.

Medical Insurance: _____ Family Physician: _____
 Subscribers Name: _____ Phone (Office): _____
 Member or Group Number: _____

Date: _____, 20____

 Signature of Parent/Legal Guardian

 Printed Name of Parent/Legal Guardian

Emergency Contact Telephone Numbers:

Name: _____ Relation: _____
 Home: _____ Work: _____ Mobile: _____
 Other: _____

Additional Comments: _____

