



Camper Health History Form

General Camper Information

Parent Name		Camper Name	
Phone Number		Birthdate	
Home Address		Camp Week (s)	

In case of illness or injury (Second parent/guardian if parent above cannot be reached)

Second parent/guardian		Relationship to camper	
Phone number			

Allergies

	NO known allergies	
	This camper is allergic to (list to the right)	
	Please describe what the camper is allergic to and the reaction seen.	

Diet / Nutrition

	NO dietary restrictions	
	This camper has dietary restrictions (list to the right)	
	Please describe the dietary restrictions (Note only pizza and juice boxes are offered at Impact summer camp).	

Restrictions

	I have reviewed the program and activities of the camp and feel the camper can participate without restrictions
	I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations (describe below)
Restrictions/Adaptations	

Medication

This camper will not take any daily medications while attending camp				
This camper will take the following medication(s) while at camp (prescribed or over the counter):				
Name of medication	Reason for taking it	When is it given	Amount or dose given	How is it given

Health Care Providers

Name of primary care doctor		Phone number	
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General Health History Questions

1	Serious illness / surgery	Yes	No
2	Recurrent or chronic illness	Yes	No
3	Asthma	Yes	No
4	Recent injury that is important to know for camp	Yes	No
5	History of isolated or recurring seizures	Yes	No
6	Have problems with diarrhea / constipation / wetting pants	Yes	No
7	Had a recent infectious disease	Yes	No
8	Ever been treated for emotional or behavioral difficulties	Yes	No

Please explain "Yes" answers in the space below, noting the number of the questions.

What have we forgotten to ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

Immunization History

Impact Summer Camp is required by state law to have documentation of immunization as specified in He-P 301.14. Copies of immunization forms from health-care providers or state or local governments are acceptable; Please attach a copy of that immunization form.

- If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of parent/guardian		Date	
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Parent / Guardian Authorization for Health Care:

The health history is correct and accurately reflects the health status of the camper to whom it pertains. The camper described has permission to participate in all camp activities except as noted by me and/or and examining physician.

I will be called in the event of an emergency at camp. If I cannot be reached in an emergency, I give my permission to the physician/hospital selected by the camp to secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared in a 'need to know' basis.

Signature of parent/guardian		Date	
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Important Notes:

- As specified in RSA 170-E: 58, the examination on which the statement of health status (above) is based may be conducted by a physician, licensed advanced registered nurse practitioner, or PA.
- The health examination used for the statement of health status (above) needs to have been completed within 2 years of the Impact summer camp.
- This form must (and health examination record) must be completed and handed in to summer camp staff on or by check-in on the first day your child's camp week.
- Please provide Impact a copy of the health examination record.