

EJ Perry Sports Camps- Health History Form

***** This Health History form along with a physical and immunizations dated within 18 months of camp start date are required. Registration is not complete until all medical forms are submitted.**

Camper Name: _____

Camper Home Address: _____

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____

Preferred Phones: (_____)

Email: _____

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____

Preferred Phones: (_____)

Email: _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to Camper: _____

Preferred Phones: (_____)

Allergies:

- No known allergies.
- This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.)
- Other

(Please describe allergy and reaction seen _____)

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.(Please describe below.)
- Restrictions _____

Medical Insurance Information:

Insurance Company _____ Policy # _____

Subscriber _____ Insurance Phone _____

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Campers Name _____

Camper's Medical Providers:

Name of camper's primary doctor(s): _____

Phone: (_____) _____

Name of Dentist: _____

Phone: (_____) _____

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? Yes No
2. Ever been treated for emotional or behavioral difficulties? Yes No
3. During the past 12 months, seen a professional to address emotional health concerns? Yes No
4. Had a significant life event that continues to affect the camper's life? Yes No
5. Ever been hospitalized? Yes No
6. Had fainting or dizziness? Yes No
7. Ever had surgery? Yes No
8. Passed out/had chest pain during exercise? Yes No
9. Have recurrent/chronic illnesses? Yes No
10. Had mononucleosis ("mono") during the past 12 months? Yes No
11. Had a recent infectious disease? Yes No
12. Had a recent injury? Yes No
13. Had asthma/wheezing/shortness of breath? Yes No
14. Ever had back/joint problems? Yes No
15. Have diabetes? Yes No
16. Had seizures? Yes No
17. Had headaches? Yes No

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Campers Name: _____

18. Have any skin problems? Yes No

19. Wear glasses, contacts, or protective eyewear? Yes No

20. Traveled outside the country in the past 9 months?..... Yes No

21. Have you had COVID-19? If yes, date _____

22. Have you been vaccinated for COVID-19? If yes, date _____

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

For travel outside the country in the last few months, please name countries visited and dates of travel

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.

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Relationship:

Parent/Guardian _____

Date: _____ **Relationship to Camper:** _____