

Camper Name: _____

Camp Dates: _____

Camp Location: _____

I will sign my child in and out each day circle: YES NO

BEST DAY CAMP EVER - CDCUSA Camp Health History Form for Children, Youth and Adults

Note: This form should be completed by parent, guardian, or self, if an adult.

Check All Weeks Attending 2023

JUNE		JULY		AUGUST	
12th-16th		5th-7th		31st-4th	
19th-23rd		10th-14th		7th-11th	
26th-30th		17th-21st		14th-18th	
		24th-28th			

Camper: _____ Birth Date: _____ Sex: _____ Age at Camp: _____

Parent or Guardian (or Spouse): _____ Phone: _____

Home Address: _____

Business Address: _____ Work Phone: _____

Second Parent or Guardian or Emergency Contact: _____

Home Address: _____

Business Address: _____ Work Phone: _____

If not available in an emergency, notify:

Name: _____ (Relationship) _____ Day Phone: _____

Eve Phone: _____

Name: _____ (Relationship) _____ Day Phone: _____

Eve Phone: _____

Department of Children Services: _____ Case Worker: _____ Phone: _____

	No		Dates			DISEASES				ALLERGIES:				IMMUNIZATIONS		
	No	Yes	Dates	No		Yes	Dates	No		Yes	Dates	No		Yes	Dates	
Ear Infection					Mononucleosis				Hay Fever				MMR			
Rheumatic Fever					Chicken Pox				Poison Ivy				(Measles, Mumps & Rubella)			
Heart Defects/ Diseases					Measles				Insect Stings				DTP Series			
Convulsions					German Measles				Penicillin				Polio OPV			
Diabetes					Mumps				Other Drugs				(Sabin)			
Hypertension					Asthma				Name of Drugs: _____				Tetanus			
Sleepwalking					Bleeding & Clotting Disorder								Others			
Bedwetting																

Operations or serious injuries (dates): _____

Disability or illness: _____

Dietary modifications: _____

Current medication (send with instructions in Medication Record Form): _____

LABELED MEDICATION AND INSTRUCTIONS MUST BE SENT TO CAMP WITH CAMPERS.

Other disease or related details of above: _____

Name of dentist/orthodontist: _____ Phone: _____

Name of family physician: _____ Phone: _____

Specify any medical problems: _____

(For Female Only) Has this person menstruated? _____ If not, has she been told about it? _____
If so, is her menstrual history normal? _____ Special considerations: _____

IMPORTANT: Please notify the CDCUSA STAFF if this camper was exposed to any communicable disease during the three weeks prior to attending camp. *Please complete 2nd sheet*

Camp Dates: _____

Additional suggestions from parents: _____

Please Note:

Recommendations and restrictions while in program _____ None:

Special Diet _____

Special; medicine (name, and it must be brought to camp with camper) _____

Swimming ability/diving _____

Strenuous activity _____

Other: _____

Allergies to specific medication or foods: _____

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 by me on this health form.

The undersigned, as parent or legal guardian of the child registered on this form, hereby authorizes the CDCUSA and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the CDCUSA will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that the CDCUSA and its designated leaders and directors are not legally or financially liable for any claim rising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to the CDCUSA in conjunction with any authorized event.

Signed _____ Date _____
Parent or Guardian

WE DO DO NOT Have a family health / medical insurance coverage

Medical Insurance Company Name _____ Policy # _____