Camper Name: _____ Camp Dates: _____

Camp Location: _____

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

CDCUSA - All Programs
Health History Form for Children, Youth and Adults

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

Day Camps Only: Check All Weeks Attending

Week 1		Week 4		Week 8	
Week 2		Week 5		Week 9	
Week 3		Week 6		Week 10	
		Week 7			

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
Ear Infection		
Rheumatic Fever		
Heart Defects/		
Diseases		
Convulsions		
Diabetes		
Hypertension		
Sleepwalking		
Bedwetting		

DISEASES	No	Yes	Dates
Mononucleosis			
Chicken Pox			
Measles			
German Measles			
Mumps			
Asthma			
Bleeding &			
Clotting Disorder			

ALLERGIES:	No	Yes	Dates
Hay Fever			
Poison Ivy			
Insect Stings			
Penicillin			
Other Drugs			

Name of Drugs: _____

IMMUNIZATIONS	No	Yes	Dates
MMR			
(Measles, Mumps & Rubella			
DTP Series			
Polio OPV			
(Sabin)			
Tetanus			
Others			

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 specfic 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 from, hereby authorizes the CDCUSA and it's 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 # _____