TEMP _____

CAMPER'S NAME _____ SEX _____ BIRTHDATE _____

PREFERRED PRONOUNS   he/him/his   she/her/hers   they/them/theirs   _____

PARENT/GUARDIAN _____

ADDRESS _____ PHONE _____

IN EMERGENCY CALL _____ PHONE _____

FAMILY DOCTOR _____

HEALTH HISTORY (check all that apply)   COMMENTS

Chronic Ear Infection/Swimmers Ear _____

Chronic Throat Infections _____

Recent Surgery or Illness _____

Convulsions _____

Diabetes _____

Kidney Infection _____

Skin Condition _____

Athletes Foot _____

Asthmatic Reaction _____

ALLERGIES (check all that apply)

MEDICINE: Penicillin _____ Aspirin _____ Aspirin Substitutes _____

Others _____

FOOD: Milk _____ Eggs _____ Tomatoes _____ Others: _____

BEES: _____ REACTION: _____

HAY FEVER: _____ POLLENS: _____

HABITS: (check all that apply)

Bed wetter _____

Sleepwalker/Restless Sleeper _____

Special Diet _____

Hyperactive _____

Wears Glasses _____

Exposed to anything contagious in the last two weeks including COVID-19? _____

Does child have any medication with them? _____

Name of medication: _____ When taken: _____

Are there any specific restrictions on this camper's activities or any other special circumstances that we should know about to ensure a successful week at camp? _____

_____

PARENT'S AUTHORIZATION

This history is correct so far as I know and my child has permission to engage in all prescribed camp activities, except as noted. The parent/guardian accepts responsibility for any condition aggravated by normal camp activities that have not been previously reported to proper authorities of Madison County Children's Camp. To the best of my knowledge, my child has had no symptoms of COVID-19, has not been exposed to anyone who has tested positive for COVID-19 and has not been in mandatory quarantine in the last two weeks..

X_____   X _____

Health Care Provider Signature   Parent/Guardian Signature

If I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

X _____   X _____

Camp Director/Nurse   Parent/Guardian Signature