

Camper's Name

HEALTH AND IMMUNIZATION HISTORY

Please notify us if the camper has been exposed to any communicable disease during the three weeks prior to camp attendance. PLEASE NOTE: Campers will be checked for head lice and temperature upon arrival at camp. Those who are infected or have a fever will not be allowed to remain at camp. Campers who exhibit flu-like symptoms upon arrival or during their camp stay will not be allowed to remain at camp.

INSURANCE INFORMATION

IMPORTANT – PLEASE NOTE: Camp carries liability insurance only. Campers must have their own insurance coverage in order to attend camp.

1. Is camper covered by Medi Cal? NO YES Medi Cal No. _____
2. Is camper covered by private medical insurance? No YES
 Name of Insurance Co.: _____ Policy No. _____
 Please attach a copy of the insurance benefits card if applicable.

ALLERGIES	REACTION <i>describe reaction and management of reaction</i>	Life Threatening?	
		YES	NO
Medication Allergies			
Food Allergies			
Other Allergies			

GENERAL HEALTH (Explain "Yes" answers in space provided below)

Has/does the camper:	YES	NO	Has/does the camper:	YES	NO
Had a recent injury?			Had psychiatric/psychological counseling?		
Had a recent illness/infectious disease?			Ever had psychiatric hospitalization?		
Have a chronic/recurring illness/condition?			Have a history of "faking" health issues?		
Been hospitalized in the past year?			Have asthma?		
Have menstrual problems?			Have diabetes?		
Have a chronic skin condition?			Have back problems?		
Have high blood pressure?			Other?		

Please explain all "YES" answers:

A copy of the camper's immunization record must be attached to this form.

TETANUS the record must include proof of a Tetanus shot within the past 10 years. If it has been more than 10 years, the camper will be required to have a new vaccine in order to be accepted at camp.

TUBERCULIN TEST (TB) the record must include proof of a negative TB test within the past 2 years. If the camper has tested positive for TB a chest x-ray will be required prior to acceptance at camp.

Tuberculin Test

Date of last test: _____ negative positive

Chest x-ray (If TB test was positive)

Date of x-ray: _____ negative positive

Tetanus Vaccine

Date of last shot: _____