



Camp Chesapeake Health Advisory Form

Camper's Name _____

Address: _____ City: _____ State: _____

Phone (H): _____

(W): _____

Health History

(Check all that apply, give dates, last date of Tetanus is required upon Registration)

<input type="checkbox"/> Health concern	Date	<input type="checkbox"/> Health concern	Date	<input type="checkbox"/> Health concern	Date
<input type="checkbox"/> Ear Infections	<input type="text"/>	<input type="checkbox"/> Hay Fever	<input type="text"/>	<input type="checkbox"/> Chicken Pox	<input type="text"/>
<input type="checkbox"/> Rheumatic fever	<input type="text"/>	<input type="checkbox"/> Poison Ivy	<input type="text"/>	<input type="checkbox"/> Measles	<input type="text"/>
<input type="checkbox"/> Convulsions	<input type="text"/>	<input type="checkbox"/> Insect stings	<input type="text"/>	<input type="checkbox"/> Mumps	<input type="text"/>
<input type="checkbox"/> Diabetes	<input type="text"/>	<input type="checkbox"/> Penicillin	<input type="text"/>	<input type="checkbox"/> Asthma	<input type="text"/>
<input type="checkbox"/> Behavior*	<input type="text"/>	<input type="checkbox"/> Psychological* Conditions	<input type="text"/>	<input type="checkbox"/> Tetanus shot (REQUIRED)	<input type="text"/>

* Please list on back any behavior or psychological conditions we should be aware of during camp.

Are there any other medical conditions we should know about? _____

NOTE: Proof of immunization is needed for out of state children

- ⇒ It is required that you notify the camp of exposure to any communicable disease at any time before, or during the camp sessions.
- ⇒ It is suggested that every child get a physical examination by a licensed physician prior to coming to camp. This is suggested rather than required. If you do get a physical, please forward a doctors note to camp.

Parent's Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Camp Director to hospitalize and secure proper treatment for my child as named above. I also give my permission for said child to participate in all camp activities.

Signature _____ Date _____

Primary Health Insurance Provider: _____

Child's Primary Physician: _____ Phone # _____