Buckhorn Camp Health History Form

_____ _____

Camper Name Date of Last Medical Exam

_____

Your Physician's name/Address/Phone #

Immunization History:

Vaccines	Date of last Immunization
DPT/TD/Tetanus	_____
Measles/Mumps/Rubella (MMR)	_____
Tuberculin Test Given	_____
Flu	_____
Other (Specifiy):	_____

Health Summary:

1. Describe any current health conditions that require medication (please list), treatment, or special restrictions while at camp. Write "none" if you don't have any.

2. Describe any past medical treatments relevant to participating in camp. Write "none" if you don't have any.

3. Describe any allergies or dietary restrictions. Write "none" if you don't have any.

4. Describe any activity restrictions while at camp. Write "none" if you don't have any.

5. Describe any current mental or psychological conditions that require medication, treatment, or special restrictions. Write "none" if you don't have any.

_____ _____

Camper's Signature Date

_____ _____

Parent or Guardian Signature (for campers under age 18) Date

For campers over age 18 only: ___ I decline to provide the requested health information.

_____ _____

Camper's signature Date