

Firwood Camper Confidential Health History

Health History must be filled out and signed by a Parent/Legal Guardian and must be either sent to the Firwood Registrar before the start of camp or accompany your child to camp.

Week(s) attending: _____

Full Name: _____ Date of birth: _____ Age: _____ Sex: _____

Parent/Legal Guardian: _____

Mailing Address of Guardian: _____

Phone: _____ Cell Phone: _____

Name of Physician: _____ Phone: _____

Name of Dentist/Orthodontist: _____ Phone: _____

Emergency Contact; if I am not available, please contact: _____

Emergency Contact's Relationship to Camper: _____ Phone: _____

Please assure that your Emergency Contact will be available during your camper's session.

Please answer each of the following:

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	7. Allergic to bee stings?	<input type="checkbox"/>	<input type="checkbox"/>
2. Wear glasses, contacts or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	8. Had Tetanus shot in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>	9. Are all immunizations current?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	10. Has had Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	11. Under any special medications?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any diet restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	12. Other. Please site tendencies toward bed wetting, eating disorder or clinical emotional disorders.	<input type="checkbox"/>	<input type="checkbox"/>

Please give an explanation for any questions answered "Yes", noting the number of the question. Please note medications:

Is there anything concerning the general health of the camper (not listed above) that would be helpful for us to know?

Name and address of Health Insurance Company: _____

Type of coverage: _____ Policy Number: _____

CANADIAN CAMPERS: Canadian residents are strongly encouraged to purchase provincial **Extended Medical Coverage**. The cost is minimal and the coverage is often necessary outside Canada. Please note the policy number below and sign.

Policy Number: _____ Signature: _____ (Legal Guardian)

I give permission for my child to receive OTC medicine as deemed necessary by the Camp Firwood Health Aid. OTC medications may include, but are not limited to: Tylenol, Benadryl, Pepto Bismol, cough drops, cough medicine, etc. Please list exceptions: _____

I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care; administer medication; to order X-Rays, routine tests, treatment; to release any records necessary for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. By signing, I state that all the information provided above is accurate concerning my child's health.

Signature of Parent or Legal Guardian

Date

**Please complete fully and bring to camp or return to:
Firwood Registrar · 4605 Cable Street · Bellingham, WA 98229**