Name_____
First Last

Health Record

Immunization Record

All Shots current? Yes___No___
Complete record if known

Mo./Yr.		Mo./Yr.	
_____	Diptheria, Pertussis & Tetanus	_____	Polio
_____	Rubella	_____	Mumps
_____	Measles	_____	Tetanus Booster

Does the child have any allergies? No____ Yes_____(If yes, please explain)
_____

Is the child taking any medications? No____ Yes___
Please list:
_____

All medications should be delivered to the camp nurse in the original container with specific directions.

Any special health matters it would be helpful for the nurse to know?
_____
_____

"In the event I cannot be reached in an emergency, I hereby give permission to the camp administrator or designated camp nurse to obtain emergency transportation as needed, and to the designated physician to secure proper treatment, hospitalization, and to order injection/ anesthesia/ surgery as needed for the child named in the registration.

Parent/Guardian Signature:_____

Home Phone:_____
Work Phone:_____
In an emergency, another person to contact:_____
Home Phone:_____
Work Phone:_____