

Name _____
First Last

Health Record

Immunization Record

All Shots current? Yes ___ No ___

Complete record if known

Mo./Yr.

Mo./Yr.

___ Diphtheria, 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: _____

Cell Phone: _____

In an emergency, another person to contact: _____

Home Phone: _____

Work Phone: _____