LAST _____FIRST _____ DOB _____

The following health history of your child MUST be completed. Current legislation does not require children attending Day Camps to have a physical examination form signed by a M.D. or a TB test.

3420 Cordley Lake Road, Pinckney, MI 48169 734-878-3515

	YES	NO	EXPLAIN if YES
Allergies – Food, Medication, etc			
Hay Fever, Asthma, Wheezing			
Excema or Skin Rash			
Convulsions, seizures			
Heart Trouble			
Diabetes			
Shortness of Breath			
Urinary or Bowel Movement Problems			
Frequent Colds, Sore Throat, Ear Aches			
Speech Problems			
Dental Problems			
Other			

DATE OF MOST RECENT TETANUS IMMUNIZATION _____ This Information is mandatory
Explain any health, behavioral or emotional condition(s) or consideration(s) _____
_____
Should the camper's activity be restricted because of any physical limitation or illness? YES NO
If YES, explain degree of limitation _____
Does Camper take any medication regularly? YES NO If YES, complete the following

Name of medication	Frequency	Dosage	Reason for Medication
_____	_____	_____	_____

Will camper take any medication at camp? YES NO If YES, complete the following

Name of medication	Frequency	Dosage	Reason for Medication
_____	_____	_____	_____

PARENTS INSTRUCTIONS IN CASE OF MEDICAL NEED OR EMERGENCY If parent cannot be reached, please call

Name / Relationship	Phone Numbers
_____	_____

I hereby give my permission to VARSITY DAY CAMP to provide routine, nonsurgical medical care for my child, while attending camp. In case of emergency, I authorize all treatment deemed advisable by either or both:
Dr. _____ Phone _____ , or The Emergency Staff at _____ Hospital. If the two above are unavailable or not designated, I authorize VARSITY DAY CAMP to secure emergency medical and surgical treatment for my child, while attending camp. I authorize the treating facility to release information on my child to the appointed health care representative at VARSITY DAY CAMP.

Parent/Guardian Signature _____ Date _____

Insurance Information:

Company _____ Insurance Phone Number _____

Policy Number _____ Group _____

Policy Holder's Name _____

Father's Name _____ Daytime Phone _____

Mother's Name _____ Daytime Phone _____