



CAMPER HEALTH FORM

Name _____ Birth Date _____ Gender _____

Home Address _____

Parent 1 Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent 2 Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact 1 _____ Relationship _____ Phone _____

Emergency Contact 2 _____ Relationship _____ Phone _____

Physician/Pediatrician _____ Phone _____

Orthodontist _____ Phone _____

Dentist _____ Phone _____

Is your child currently receiving any form of medical treatment or taking any medication? Yes ___ No ___

My child will carry the following with him/her to camp: Epi-Pen Inhaler

Please explain: _____

Health History (please check all that apply)

- Ear Infections
- Glasses/Contact Lenses
- Heart Disease/Defect
- Diabetes
- Asthma
- Pneumonia
- Headaches
- Nose bleeds
- Chicken Pox
- Measles
- Mumps
- Hepatitis
- Bleeding/Clotting Disorders
- Psychiatric Treatment
- Bed wetter
- Hypertension
- Hyperactive
- Mononucleosis

Allergies (please check all that apply)

- Penicillin
- Sulfa
- Aspirin
- Hay Fever
- Ragweed
- Ivy Poisons
- Insect Bites/Stings
- Food Allergies _____
- Other Drugs _____

Hearing Equipment (Please check all that apply)

- Hearing Aid
- Cochlear Implant
- BAHA
- FM Unit

Please explain: _____

Insurance Information:

Is the camper covered by family medical/hospital insurance? Yes ___ No ___

If so, indicate carrier or plan name _____

Group Number _____ Prescription Plan # _____

Medical Permission Statement:

(must be signed before your child can be admitted to camp)

The health history is correct and complete. The person herein described as permission to engage in all camp activities except as noted on the physician form. I hereby give permission to Camped Up to provide routine health care, administer prescribed medications, and seek emergency medical treatment including hospitalizations, authorize x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

Signature _____ Date _____

Please Fax to 877.334.4329 or Email to info@campedup.com.