

 **Camp Health Form**

YY/MM/DD

Home Address: Apt.

City: State/Province: Zip: Home Phone: ( )

Male □ Female □

Age:

Date of Birth: / /

**Personal Information** All information will be held in strictest confidence in compliance with legislation

**Name:**

(Last) (First) (MI)

**In Case Of Emergency Contact**

Name: Relationship:

Home Phone: ( ) Work Phone: ( ) Cell/Pager: ( ) Address:

OR

Name: Relationship:

Home Phone: ( ) Work Phone: ( ) Cell/Pager: ( ) Address:

**Health Insurance Information**

Immunization Record

Insurance Company: Health Insurance Number: Insurance Company Claims Address:

State/Province: Zip: \_

Insurance Company Phone: ( ) Name of Policy Holder:

If yes, describe the condition(s). Have your doctor list any medications that you are taking on the accompanying form.

List any special instructions that we should know about to ensure your health during camp:

No □

Yes □

Are you currently being actively treated for anything?

**Medical Information** Attach extra sheet if needed.

Doctor’s Name: Phone: ( ) Specialist’s Name: Phone: ( )

**Immunization Record**

**Note: State law requires that this information be accurate and complete with dates of vaccination. Campers can not stay in camp if this information is incomplete!**

YY/MM/DD

Tetanus / / Diphtheria / / Polio / /\_ Hepatitis B / / \_ Varicella / / Measles \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_Mumps / / Rubella / / Haemophilus influenza Type B / /

|  |
| --- |
| **Allergies**Do you have any allergies to medications? Yes □ No □ Name the medication(s): Do you have allergies to: Yes No Name/Type Describe reactionInsects □ □ Animals □ □ Plants □ □ Foods □ □ Other □ □  |
| **Medical History**Do you now or have you ever had: Yes No Describe details briefly:Infectious diseases(Tuberculosis, HIV, Rheumatic fever, etc.) □ □ Heart conditions(angina, heart attack congestive heart failure, etc.) □ □ Blood disorders(anemia, clotting problems, bruising, etc.) □ □ Breathing Problems(asthma, bronchitis, emphysema, etc.) □ □ Nervous system disorders(fainting, seizures, epilepsy, etc.) □ □ Mental disorders(depression, schizophrenia, etc.) □ □ Kidney disease(urinary track infections, stones, dialysis, etc.) □ □ Digestive problems(ulcers, irritable bowel syndrome, eating disorders, etc.) □ □ Hormonal disorders(diabetes, thyroid, etc.) □ □ Are you pregnant (females 11 years and older)? □ □ Have you been in hospital for anything serious in thelast two (2) years? □ □  |
| **Consent for Participation in Water Sports and Activities;**Grant permission to participate : Yes □ No □**Swimming Ability:** Non – swimmer □ Beginner □ Intermediate □ Advanced □ Certificate (Type, Given by):  |
| **Consent to Medical Treatment**To the best of my knowledge, I / the above named camper am/ is in good health and do/does not suffer from any physical, mental, or emotional problems preventing the participation in camp activities.In case of medical emergency, permission is hereby granted to the camp first aid staff, physician or healthcare facility designated by the Camp Director to secure proper care and treatment, to hospitalize, order injections, anesthesia or surgery for me/the above named camper.I release the Hungarian Scout Association, its leaders, helpers and associates, as well as its participants and agents from liabilities and damages incurred by me/my child while participating in all the various scouting activities, or from any liability which may result from medical services pursuant to this waiver.Signature: Relationship to camper: Name( Printed): Date ( YY/ MM/ DD):  |