

Camper Health History Form

Camper Name: _____ Date of Birth _____

Address: _____

Parent/Guardian: _____

Home #: _____ Work# : _____ Cell# _____

INSURANCE INFORMATION:

Policy Holder's Name: _____ Birth date _____

Relationship to Camper: _____

Policy Holder Place of Employment: _____

Address: _____

Insurance Company: _____ Phone# _____

Policy Holder #: _____ Group# _____

Camper's Primary Care Physician: _____

Phone# _____ Hospital Affiliation _____

ALLERGIES

Hay Fever Penicillin Insect Stings Asthma Food _____ Other: _____

If any are checked, please describe reaction/symptoms and management/remedy used:

RESTRICTIONS

Dietary _____

Activity _____

CONDITIONS

Please describe any past injuries, illnesses, current medical, psychological or behavioral conditions (e.g. wears glasses or contact lenses, experiences nosebleeds, fainting, headaches, seizures, etc.)

THIS HEALTH HISTORY information for my child is correct and up to date. My child has permission to engage in all camp activities except those noted in the RESTRICTIONS section. I indemnify and hold harmless Loudoun Field Center at Glaydin, dba The Freedom Center and their staffs, agents and servants from any and all liability, claims, damage, injury or illness sustained by my child.

Parent/Guardian signature _____ Date _____