



Summer Camp Health Form

Camp Name/Date(s): _____

Every child needs a completed health form to participate in our gymnastics summer camp. Please fill out this form as completely as possible and submit prior to camp start. Thank you!

SECTION 1 – BASIC CONTACT INFORMATION

Child name: _____

DOB: ____/____/____ Age: _____ Gender: Male Female

Home Address: _____

Home Phone: _____

Parent/Guardian No. 1

Name: _____

Relationship: _____ Day Phone: _____

E-mail Address: _____

Parent/Guardian No. 2

Name: _____

Relationship: _____ Day Phone: _____

E-mail Address: _____

Additional Emergency Contact (In case we can't reach YOU)

Name: _____

Relationship: _____ Day Phone: _____

E-mail Address: _____

SECTION 2 - MEDICATIONS

Will camper be taking medications while at camp? Yes No

Please provide more details and instructions below: _____

SECTION 3 - ALLERGIES

My child does not have any Allergies.

My child is allergic to Hay Fever Food Penicillin Other Drugs Other

Describe reaction and treatment: _____

SECTION 4 – HEALTH HISTORY

Does your child have a history of or is prone to any of the following (Please check all that apply).

- | | | | |
|---|--------------------------|------------------------------------|--------------------------|
| 1. Recent injury, illness or infectious disease | <input type="checkbox"/> | 11. Joint problems (knees, ankles) | <input type="checkbox"/> |
| 2. Chronic or recurring illness | <input type="checkbox"/> | 12. Fractures | <input type="checkbox"/> |
| 3. Asthma | <input type="checkbox"/> | 13. Frequent Headaches | <input type="checkbox"/> |
| 4. Epilepsy, Seizure Disorder or Convulsions | <input type="checkbox"/> | 14. Head Injury | <input type="checkbox"/> |
| 5. Dizziness during or after exercise | <input type="checkbox"/> | 15. Eating Disorder | <input type="checkbox"/> |
| 6. Chest pain during or after exercise | <input type="checkbox"/> | 16. Diarrhoea or constipation | <input type="checkbox"/> |
| 7. Heart Defect/Disease | <input type="checkbox"/> | 17. Frequent Stomach aches | <input type="checkbox"/> |
| 8. Hypertension | <input type="checkbox"/> | 18. Wears glasses or contacts | <input type="checkbox"/> |
| 9. Bleeding/Clotting Disorders | <input type="checkbox"/> | 19. Been Recently Hospitalized | <input type="checkbox"/> |
| 10. Diabetes | <input type="checkbox"/> | | |

Please list the number and provide explanation for any checked items: _____

Is there anything else we should know about? _____

SECTION 5 - AUTHORIZATION

1. My child has permission to engage in all prescribed camp activities except as noted.
2. The information provided on this form is accurate to the best of my knowledge and I will let the camp director know at once should this change.
3. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff.
4. I agree that my child will abide by club rules, camp rules and codes of conduct.
5. I have read the Summer Camp 2017 Booklet.
6. I understand the Photography and First Aid policies.

Signature of Parent or Guardian X _____

Date _____