

# HEALTH QUESTIONNAIRE

NAME OF CHURCH \_\_\_\_\_

CAMPER'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

HOME PHONE (    ) \_\_\_\_\_ CELL (    ) \_\_\_\_\_ WORK PHONE (    ) \_\_\_\_\_

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## **CAMPER HEALTH HISTORY (Circle Y or N )**

Chicken Pox	Y N	Hay Fever	Y N	Food Allergies		Drug Allergies	
Measles	Y N	Asthma	Y N	Milk	Y N	Penicillin	Y N
German Measles	Y N	Ear Infections	Y N	Chocolate	Y N		
Mumps	Y N	Bee Stings	Y N	Nuts	Y N		
Rheumatic Fever	Y N	Poison Ivy	Y N				
Diabetes	Y N		Y N				
Seizures	Y N		Y N				
Convulsions	Y N		Y N				

Date of last tetanus shot?      Date: \_\_\_\_\_

Any operations or serious injury? \_\_\_\_\_

Any activities to be avoided? \_\_\_\_\_

***Please attach copy of immunization record.***

### **PARENTS AUTHORIZATION**

This health history is correct as far as I know, and the person herein described has my permission to engage in all prescribed camp activities, except as noted by me and the examining physician.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp leaders to hospitalize, secure treatment for, and order injections, anesthetic or surgery for my child named above.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

Because of the changes in the billing procedures at Big Bear Hospital, the hospital now requires that parental insurance be billed primarily and camp insurance secondly. If your child is covered by your personal insurance, please fill in the information below:

INSURANCE CARRIER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

INSURANCE CARRIER PHONE NUMBER \_\_\_\_\_

