EXPLORING™
DISCOVER YOUR FUTURE

Health Form

Name _____ Age _____

Date of birth _____Telephone _____

Home Address _____

City _____ State_____Zip_____

Name of parent /guardian _____

Check all items that apply, past or present, to your health history. Explain "yes" answers.

Allergies: Food, medicines, insects, plants: Yes ¨ No ¨

Explain _____

General Information:	Yes	No		Yes	No
ADHD (Attention Deficit)	□	□	Asthma	□	□
Convulsions/seizures	□	□	Heart trouble	□	□
High blood pressure	□	□	Hyperactivity Disorder	□	□
Cancer/leukemia	□	□	Diabetes	□	□
Hemophilia	□	□	Kidney disease	□	□

List any medications to be taken at camp: _____

_____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

_____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

_____

Immunizations (give date of last inoculation):

Tetanus toxic: _____ Pertussis: _____

Mumps: _____ Polio: _____

Diphtheria: _____ Measles: _____

Rubella: _____

Name of personal physician: _____ _____

Telephone:_____

Personal health/accident insurance carrier:_____

Policy no:_____

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measurers be instituted without delay as the judgment of medical personnel dictates.

_____

Signature of Parent or Guardian Date

Learning for Life
Pre K-12 Programs
Student Success