

Camp Balcones Springs Physical Form 2008

**HEALTH HISTORY AND EXAMINATION
FORM FOR CHILDREN, YOUTH AND
ADULTS ATTENDING CAMPS**

Terms: _____

**Please return to: 104 Balcones Springs Dr.
Marble Falls, TX 78654**

This side to be filled in by parent/guardian

Name _____ Birthdate _____ Sex _____ Age _____

Parent or Guardian _____

Home Address _____ Phone _____

Business _____ Phone _____

Second Parent, Guardian or Emergency Contact _____

Home Address _____ Phone _____

Business _____ Phone _____

If not available in an emergency, please notify:

Name _____ Phone _____

Address _____

Health Insurance Carrier _____ Group, ID or Account Number _____ Policy Holder _____

Address & Phone Number of Carrier _____

HEALTH HISTORY: (check and give approximate dates)		
Frequent Ear Infections _____	Mononucleosis _____	Allergies
Heart Defect/Disease _____	Diseases	Hay Fever _____
Convulsions _____	Chicken Pox _____	Ivy Poisonings _____
Diabetes _____	Measles _____	Penicillin _____
Bleeding/Clotting Disorders _____	German Measles _____	Insect stings _____
Hypertension _____	Mumps _____	Other Drugs _____
Asthma _____	Other _____	Other _____
Nocturnal enuresis _____		

Has this camper ever required any psychiatric counseling or hospitalization? _____
had operations or serious injury? (dates) _____

Does this camper have disabilities or recurring illnesses: _____

Activities to be encouraged or limited by physician's advice: _____

Dietary modifications: _____

Current medication (send with instructions): _____

Name of dentist/orthodontist: _____ Phone: _____

Name of family physician: _____ Phone: _____

Date of last physical examination: _____

Suggestions or health-related information for Camp Balcones Springs staff: _____

This health history is correct so far as I know, and the person listed above has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the camp:

1. To provide ongoing health care; and, 2. To select medical personnel and to order X-rays or routine tests or treatment for the person listed above. Furthermore, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. This form may be photocopied for use out of camp.

SIGNATURE of parent or guardian _____

Witness: _____ Date: _____

I understand and agree to abide with the restrictions placed on my camp activities.

Signature of minor: _____ Date: _____

Over

IMMUNIZATION HISTORY

Please record the date (month and year) of basic immunizations and most recent booster doses:

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	1
Pertussis (Whooping Cough) DPT	2	2
Tetanus	3	
or		
Tetanus		
Diphtheria TD		
or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Haemophilus influenza b (HIB)		
Other		

Tuberculin test given _____ (most recent)

Health Examination by Licensed Physician:

Date Examined: _____

Height _____

Weight _____

Blood pressure _____

In my opinion, the above's condition does preclude
 does not preclude
 his/her participation in an active camp program.

The applicant is under the care of a physician for the following condition(s): _____

Current treatment (include current medications): _____

Explanation of any reported loss of consciousness, convulsion, or concussion: _____

Does applicant have epilepsy? Yes No Does applicant have diabetes? Yes No

Recommendation and Restrictions While at Camp:

Any treatment to be continued at camp: _____

Any medication to be administered at camp (specific dosages): _____

Any medically prescribed meal plan or dietary restrictions: _____

Any allergies (food, drugs, plants & insects, etc.): _____

Additional Health Information:

Licensed Physician's Signature _____ Phone _____

Address _____
Street & Number City State Zip

Date of Form Completion _____ By _____