

2008 HEALTH HISTORY UPDATE FORM

This form should be filled out for each camper in your family no more than 48 hours prior to their arrival.

Please be sure to bring this form, completed, to camp registration. If you are not accompanying your child to registration, please make sure to send it with him/her!

Please answer the following questions by marking the Yes or No option. Make additional comments at the bottom of the page.

This is a Health History Update for: _____
Child's Name

- Are there any changes in your child's health status since filling out this child's online registration? Y:___ N:___
- Has your child or anyone in your family been sick or exposed to any communicable disease in the past month? Y:___ N:___
- Does your child have any rashes or open sores right now? Y:___ N:___
- Are there any changes in your child's medications? Y:___ N:___
- Does your child have any recent injury or activity restriction? Y:___ N:___
- If you, the parent or guardian, will not be available at the numbers entered when registering online, please list the name and phone number of the person authorized to make decisions on your behalf, if you cannot be reached!

NAME: _____ PHONE: _____

ADDITIONAL COMMENTS: _____

PARENT/GUARDIAN'S SIGNIATURE: _____ DATE: _____