

Cedarbrook Camp Southern California
HEALTH HISTORY/EXAMINATION FORM

**BRING WITH YOU
 TO CAMP**

TO BE FILLED IN BY CAMPER'S PARENT/GUARDIAN, STAFF MEMBER, OR ADULT CAMPER

Name _____ Date of Birth ____/____/____ Age ____ Sex ____
Last First MI

Address _____ Work/Cell Phone (____) _____
Number/Street City State Zip

Email address: _____ @ _____ Parent/Guardian/Spouse Name _____
Last First

Address _____ Work/Cell Phone (____) _____
Number/Street City State Zip

In emergency, if above is not available, contact:

Name _____ Home Phone (____) _____
Last First Relationship

Address _____ Work/Cell Phone (____) _____
Number/Street City State Zip

OR

Name _____ Home Phone (____) _____
Last First Relationship

Address _____ Work/Cell Phone (____) _____
Number/Street City State Zip

Family Physician _____ Phone (____) _____

Family Dentist _____ Phone (____) _____

Medical/Hospital Insurance _____ Policy/Group # _____

Name on Policy _____ Relationship _____

AUTHORIZATION FOR TREATMENT

Initials: *If not completed, person named above may not stay at camp.*

_____ The health history **on the back** is correct so far as I know.

_____ The above person has **permission to engage in all prescribed activities** except as noted on the reverse side.

_____ I give permission to the camp nurse to **give over-the-counter medications** to this person as deemed necessary.

_____ I give permission to the **medical personnel** selected by the camp director to provide routine health care: to administer medications, to secure and administer treatment, including hospitalization; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the above named person.

_____ I also hereby give permission for the nurse to **share with camp staff information contained on the health form, as appropriate**. This completed form may be photocopied for trips out of camp.

CURRENT MEDICATION

Medication & Strength	How Many Taken	When Taken	Reason for Taking

NOTE: ALL medication brought to camp, including prescription, over the counter, vitamins, and herbal remedies, **MUST** be in **original containers** showing the name of the medication, the correct dosage, and the user's name printed on the label.

Signature of Parent/Guardian/Adult Camper/ Staff Member _____ Date ____/____/____

