

Health History Form

Name _____ Birthdate ____ / ____ / ____ Age ____ Sex ____
Last First Middle Initial

Parent or Guardian _____ Student Social Security # _____

Home Address _____ Phone _____
Street & Number City State Zip Area/Number

Business Phone _____ Cell Phone _____
Area/Number Area/Number

If not available in an emergency, notify:

Name _____ Relationship to You _____

Address _____ Phone _____
Street & Number City State Zip Area/Number

Check all that apply: Allergies: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Ivy Poisoning, etc. <input type="checkbox"/> Insect Stings (How Severe) <input type="checkbox"/> Penicillin <input type="checkbox"/> Other Drugs: Specify: _____ <input type="checkbox"/> Asthma <input type="checkbox"/> Food Specify: _____ <input type="checkbox"/> Other: Specify: _____ Any other medical concerns? _____ Date of last Tetanus? _____	Operations or serious injuries (dates) _____ _____ Disability or chronic or recurring illness _____ _____ Physical, emotional or mental handicaps _____ _____ Activities limited by physician _____ _____ Dietary modifications _____ _____ Current medication (send with instructions) _____ _____ Name of family physician & Phone# _____ _____ Date of last physical examination _____ _____ Do you carry family medical/hospital insurance? ____ yes ____ no If so, indicate: Carrier _____ Policy or Group # _____
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This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by Black Rock Retreat personnel to order X-rays, routine tests, treatment, and necessary related transportation for me/or my child. In the event aid cannot be reached in an emergency, I hereby give permission to the physician selected by Black Rock Retreat personnel to secure and administer treatment, including hospitalization, for me/or my child as named above.

Signature of parent or guardian of camper if a minor _____

Witness _____ Date _____

 I also give permission for Black Rock Retreat to use any photographs or video footage taken of me/or my child for publicity purposes.

Name of Camper _____

Signature of Parent of Guardian _____ Date _____