

The Baker School of Dance & Fitness

2018 CAMP HEALTH HISTORY FORM

Forms must be completed annually and handed in along with current physical form in order for child to participate in camp activities.

LAST NAME _____

FIRST NAME _____

MALE ___ FEMALE ___ BIRTHDATE _____ AGE AT CAMP _____

Parent or Home Cell

Guardian _____ Phone _____ Phone _____

Emergency Contact other than parent _____

Home Phone _____

Mobile Phone _____

OPERATIONS OR SERIOUS INJURIES INCLUDE DATES:

CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION:

DIETARY RESTRICTIONS:

ACTIVITY RESTRICTIONS:

HEALTH INSURANCE COMPANY:

POLICY NUMBER: _____

ALLERGIES:

PLEASE BE SPECIFIC AS TO SEVERITY OF ALLERGY

FAMILY PHYSICIAN OFFICE _____

Phone _____

CURRENT MEDICATIONS _____

REASON FOR
MEDICATION _____

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER NEEDING TO TAKE
MEDICATION AT CAMP

The Baker School of Dance & Fitness

To be completed by Parent or Guardian

NAME OF LICENSED
PRESCRIBER _____

NAME OF MEDICATION _____ DOSAGE _____
TIME | FREQUENCY _____

ROUTE OF ADMINISTRATION _____
DATE ORDERED _____

DURATION QUANTITY MEDICATION OF ORDER:

GIVEN TO BSDF _____ EXPIRATION DATE _____

SPECIAL STORAGE INSTRUCTIONS:

SPECIFIC POSSIBLE SIDE EFFECTS/PRECAUTIONS: _____
ADVERSE REACTIONS _____

LOCATION WHERE MEDICATION ADMINISTRATION WILL OCCUR:

OTHER MEDICATIONS _____

I HEREBY AUTHORIZE BSDF CAMP DESIGNATED INDIVIDUAL TO ADMINISTER TO MY
CHILD THE MEDICATIONS LISTED ABOVE IN ACCORDANCE WITH 105 CMR 430.160

CHILD'S NAME _____

SIGNATURE OF PARENT/GUARDIAN

SPECIAL CONDITIONS

Please list any conditions or physical limitations that the camp staff supervising your child should be made aware of in order for your child to have a positive camp experience.

Example: Fear of water, lightning, etc. _____

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 the camp director to act in the best interest of my child in the case of an emergency. Every effort will be made to contact a responsible adult.

Signature of parent or guardian

Date _____ THIS FORM MUST BE SIGNED BY A PARENT/GUARDIAN
Relationship to child FOR ANY CAMP OR STAFF MEMBER UNDER 18