Health History Form

This form is kept confidential and is only used by our trained staff (or emergency medical personnel). Every child needs to complete a health form in order to participate in any SciTech camp programs. Only forms that are fully completed will be accepted.

Participant Name_____
LAST FIRST MIDDLE

Birth date_____/_____/_____ Age _____ Gender: Male Female

Home Address_____
STREET/APT. CITY STATE ZIP

Home Phone_____

Parent/Guardian #1 Name_____

Relationship: _____ Phone_____

Parent/Guardian #2 Name_____

Relationship: _____ Phone_____

Emergency Contact (other than you) Name: _____ Relationship_____

Phone_____

Family Physician Name_____ Phone_____

Dentist/Orthodontist Name_____ Phone_____

INSURANCE INFORMATION: All participants must have medical insurance in order to participate

Insurance Carrier_____ Group #_____

Policy #_____ Policy Holder's Name_____

Relationship to participant_____

MEDICATIONS

Will camper require prescription medications while at camp (This includes emergency inhalers)? Yes No

Attach separate paper if needed.

Medication_____ Dosage_____ Take at what times_____

Reason for Taking_____

Prescribing Physician_____ Phone_____

ALLERGIES

Does the participant have any allergies? YES NO

*If allergies require use of Epi-Pen, a Severe Allergy form will need to be provided

List all allergies:

_____

_____

HEALTH HISTORY

Has the camper have a history of or is prone to any of the following (Please check all that apply):

	1. Recent injury, illness or infectious disease		10. Diabetes
	2. Chronic or recurring illness		11.Head Injury
	3. Asthma		12. Eating Disorder
	4. Seizure Disorder or Convulsions		13. Wears a Medic Alert ID
	5. Dizziness during or after exercise		14. ADD/ADHD
	6. Chest pain during or after exercise		15. Learning Disabilities
	7. Heart Defect/Disease		16. Hearing or Visually impaired
	8. Hypertension		17. Other
	9. Bleeding/Clotting Disorders		

Please list the number and provide explanation for any checked items

_____

_____

_____

AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian

X_____ Print Name:_____ Date_____

Preferred Hospital:_____