

Camper Health and Registration Form Oxford Kids Camp 2014

Child's Name _____ Age _____ Birth date / / _____ Grade entering _____

Home Mailing Address _____ City _____ State _____ Zip _____

Parent(s) Name(s) _____

Home Phone _____ Daytime/Cell Phone _____

Summer Guardian(s) _____

Summer Mailing Address _____

Summer Phone _____ Email Address _____

Person (other than parent) to call in an emergency _____

Phone number of emergency contact person _____

Health Information Necessary for Child's Protection and Care	
Family Physician _____	
Address _____	Phone _____
<i>Physician name, address, and phone number are required to complete your camper's registration</i>	

1. Do you know any health factor that makes it advisable for your child to follow a limited program of physical activity while at the Oxford Kids Camp?

Recent surgery or illness (explain) _____ Date _____

Recent broken bones, sprains, etc. _____ Date _____

Asthma, heart condition, diabetes, other diseases (list) _____

Other physical limitations, conditions, (describe) _____

Yes, my child child suffers from allergies (list) _____

Treatment for allergies _____

Yes, allergic to bee sting. Treatment for bee sting _____

Any known allergy to medication (list) _____ Penicillin Yes No

2. Has your child been exposed to a communicable disease within the past 21 days?

If so, which disease _____

(continued, please complete second side)

3. My child is enrolled in a Maryland school

Name of school _____

Address _____

Date of last tetanus shot (must be filled in) _____

4. My camper does not attend a Maryland school

Name of school _____

Address _____

- a. My child has been immunized against diphtheria, tetanus, pertussis, polio myelitis, measles(rubeola), rubella (German Measles) and mumps, as set forth in Maryland State law/COMAR 10.06.04?

Yes (complete "1" and "2") No (complete "3")

(1) Date of last tetanus shot _____

(2) **Attach:** proof of immunization

(3) **Attach:** a written statement from a licensed physician or a local health official indicating that immunization against any of the diseases mentioned above is considered medically inadvisable, detrimental to, or not in the best interest of the camper's health.

5. To help us supervise your child at camp, the following information is necessary:

Yes, my child is bringing medicine to camp?

Name of medicine _____

Dosage _____

Side affects (attached) _____

6. I give permission for my child to be administered acetaminophen (Tylenol) Yes No

7. Other health factors that may affect the care of my child?

8. Medical Insurance Company _____

Policy Number _____

This health history is correct as far as I know, and the person herein described has permission to engage in all activities, except as noted by me.

Signed _____

Date _____

(parent or legal guardian)