

MISS SUE'S SUMMER FUN 2017 CAMPER HEALTH HISTORY FORM

Return by April 3, 2017

Miss Sue's Summer Fun
1191 Old Country Road
Plainview, N.Y. 11803
516-938-0894 Fax-516-938-3184

Name _____ Birthdate _____ Sex _____ Age _____
Last First

MOTHER/Guardian: _____ Email Address: _____

Cell #: () _____ Home #: () _____ Work #: () _____

FATHER/Guardian: _____ Email Address: _____

Cell #: () _____ Home #: () _____ Work #: () _____

Address: _____
Street and # City State Zip

Emergency Contact #1 Name: _____ Contact # () _____

Emergency Contact #2 Name: _____ Contact # () _____

HEALTH HISTORY (TO BE COMPLETED BY PARENT)

Allergies to food or medication: _____

Surgeries or serious injuries: _____

Chronic or recurring illness or medical condition: _____

Daily Medications: **Circle One:** YES or NO (IF YES, MUST FILL OUT ADDITIONAL FORM)

As Needed Medications: **Circle One:** YES or NO (IF YES, MUST FILL OUT ADDITIONAL FORM)

Name of Physician: _____ Phone #: () _____

Dentist/Orthodontist: _____ Phone #: () _____

Insurance (MUST ATTACH COPY OF CARDS): Insured Name _____

Important: This box must be signed.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted on this form. **Authorization of Treatment:** I hereby give permission to the medical personnel selected by the directors to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physicians selected by the directors to secure and administer treatment including hospitalization, for the person named above. The completed forms may be photocopied for outside trips.

Signature of Parent/Guardian _____ Date _____

I also understand and agree to abide with the restrictions placed on any activities. _____
Restricted Activities (Please List)