

Please list camp session \_\_\_\_\_

Campers Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cellular \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

**PARENT'S AUTHORIZATION:** This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I hereby give my permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also understand that we are responsible to have health insurance coverage.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

The camper and his/her parents agree to abide by the rules and regulations set up by the Camp for health, safety and welfare of the Camp. The following violations of camp rules will result in immediate dismissal from the camp without refund of camp fee:

1. Leaving campgrounds without permission.
2. Willful destruction of camp property.
3. Use of drugs and/or alcoholic beverages.
4. Fighting and/or continued insubordinate behavior resulting in disrupting of the camp program.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL EXAMINATION - TO BE FILLED OUT BY LICENSED PHYSICIAN**

Campers Name \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

**Check any positive answers:**

**HEAD**

- \_\_\_ Concussion
- \_\_\_ Severe or migraine headache
- \_\_\_ Dizziness
- \_\_\_ Nosebleeds

**CHEST**

- \_\_\_ Deformity
- \_\_\_ Pain
- \_\_\_ Heart murmurs
- \_\_\_ Shortness of breath
- \_\_\_ Coughing up blood

**SKIN**

- \_\_\_ Severe acne
- \_\_\_ Boils
- \_\_\_ Recurring rashes

**ABDOMEN**

- \_\_\_ Cramps or pain
- \_\_\_ Vomiting
- \_\_\_ Rupture
- \_\_\_ Bloody diarrhea
- \_\_\_ History of bloody urine
- \_\_\_ Sugar in the urine

**EYES**

- \_\_\_ Loss of vision
- \_\_\_ Double vision
- \_\_\_ Detached retina
- \_\_\_ Contact lens
- \_\_\_ Glasses

**MALE**

- \_\_\_ Genitourinary disorders
- \_\_\_ Removal of kidney
- \_\_\_ Undescended
- \_\_\_ Other

**NECK**

- \_\_\_ Numbness of arms or legs
- \_\_\_ Stiff neck
- \_\_\_ Wry neck

**FEMALE**

- \_\_\_ Gynecological disorders
- \_\_\_ Removal of kidney
- \_\_\_ Ovarian cyst
- \_\_\_ Menstrual cycle

**TEETH**

- \_\_\_ Bridge work
- \_\_\_ Dental plates
- \_\_\_ Orthodontic appliances

THROAT

- Frequent sore throat
- Tonicities

SPINE

- Scoliosis
- Operations
- Pain

EARS

- Ruptured eardrum
- Abscess
- Draining ear
- Hearing Loss

EXTREMITIES

- History of varicose veins
- Severe flat feet

**Has He/She ever had: (circle yes or no)**

**Digestive Condition:** Yes No - **Pneumonia:** Yes No **Diabetes:** Yes No - **Rheumatic Fever:** Yes No

**Kidney Disease:** Yes No - **Scarlet Fever:** Yes No - **High Blood Pressure:** Yes No - **TB (PPD):** Positive or Negative

List any other conditions no listed above \_\_\_\_\_

History of Surgical Operations \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Athletic injuries previously sustained \_\_\_\_\_

Do you require any special equipment to participate? \_\_\_\_\_

Doctor's comments \_\_\_\_\_

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above. \_\_\_\_\_

**Signature of Examining**

Physician \_\_\_\_\_ Date \_\_\_\_\_

**Hoop Mountain Georgia  
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