



### Class I Personal Health History

(Update annually, using form No. 34414)

**Identification:** to be filled out by parent or guardian. Please Print in ink.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check all items that apply, past or present, to your health history. Explain and "Yes" answers.

**Allergies:** Food, medicines, insects, plants Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

<b>General Information:</b> Yes No	Yes No	Yes No	Yes No	Yes No
ADHA (Attention Deficit Hyperactivity Disorder) ___ ___	Asthma ___ ___	Convulsions/seizures ___ ___	Heart trouble ___ ___	High blood pressure ___ ___
Cancer/leukemia ___ ___	Diabetes ___ ___	Hemophilia ___ ___	Kidney disease ___ ___	

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Immunizations** (give date of last inoculation):

Tetanus toxoid \_\_\_\_\_ Pertussis \_\_\_\_\_ Mumps \_\_\_\_\_ Polio \_\_\_\_\_

Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

### Parent Authorization:

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 by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian

**Confidential**