FORM D - COMPLETE EACH YEAR & RETURN WITH FORMS A, B, C, E, F, G

CAMPER/STAFF PERSONAL HEALTH HISTORY
TO BE COMPLETED AND SIGNED BY PARENTS/LEGAL GUARDIAN

NAME_____ Birth Date_____ Sex____ Age____
Last First Middle initial

PARENT/GUARDIAN_____ Phone (Area Code)_____

HOME ADDRESS _____, Town _____, State ____, Zip Code _____

BUSINESS ADDRESS_____ Phone (Area Code)_____

EMERGENCY CONTACTS:_____
1. Name Phone (Area Code)

Address

2. _____
Name Phone (Area Code)

Address

HEALTH HISTORY: (Check--giving approximate dates)

Frequent Ear Infections	_____	Psychiatric Treatment	_____	Hay Fever	_____
Heart Disease/Defect	_____	Mononucleosis	_____	Ivy Poisoning, Etc.	_____
Bleeding/Clotting Disorders	_____	DISEASES		Insect Stings	_____
Convulsions	_____	Chicken Pox	_____	Asthma	_____
Diabetes	_____	Measles	_____	Penicillin	_____
Hypertension	_____	German Measles	_____	Other Drugs	_____
		Mumps	_____	Foods	_____

ALLERGIES

Has this camper had a serious illness, hospitalization, or accident in the last 12 months?___ If yes, please explain:_____

_____

Disability or chronic or recurring illness:_____

Has this camper ever required any psychiatric counseling/hospitalization?_____

Does this camper wear contact lenses or glasses?_____

Any specific activities to be encouraged or limited by physician's advice (send with physician's orders):_____

_____

Dietary modifications:_____

Current medication (send with physician's orders): None_____ Yes_____ (If Yes, **See Form E)**

Other diseases or details of above:_____

Name of dentist or other physician:_____

Name of family physician: _____ Phone (Area Code #) _____

Date of last physical examination:_____ (NO OLDER THAN 2 YEARS AT LAST DAY OF CAMP SESSION)

Suggestions or health related information for camp personnel: _____

_____

IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE*

(*If for religious reasons you cannot sign this, the camp should be contacted for a legal waiver which must be signed for attendance.)
(If additional space is required to answer any of the above, please use and attach a separate sheet of paper.)
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. **EMERGENCY AUTHORIZATION**: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests and treatment for me/or my child, and 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 me/or my child as named above. This form may be photocopied for use out of camp. I also give permission for routine medical care for my child by the camp.

_____ **Date:**_____

SIGNATURE OF PARENT/GUARDIAN OR ADULT STAFF MEMBER

RETURN TO: WINDHAM-TOLLAND 4-H CAMP, 326 TAFT POND ROAD, POMFRET CENTER, CT 06259