



Camper/Staff Health Form

Camp Stanislaus must have a completed health form and physical from each camper every year. The health form (pg. 1 & 2) may be completed on-line. If you have any questions please contact the camp office at 228-467-9057 Ext. 277.

Participant's Last Name _____ First Name _____ Gender: _____
Social Security _____ Date of Birth _____ Height _____ Weight _____
Father/Guardian _____ Phone _____
Mother/Guardian _____ Phone _____
Address _____
Emergency Contact _____ Phone _____ Relationship _____

Authorization for Medical or Emergency Care

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order x-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me(if staff)/or 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 secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp or to give to the medical provider selected by the camp director. This authorization shall remain in effect from June 1, 2018 through July 31, 2018, unless revoked sooner in writing and delivered to Camp Stanislaus.

Signature of Parent/Guardian _____ Date _____
Signature of Staff Member _____ Date _____

Insurance Information

Name of Primary Policy Holder _____ Insurance Company _____
Group # _____ Policy # _____ Benefits/Claims Phone # _____
Address _____

Address	City	State	Zip
Family Doctor _____	Phone _____		
Family Dentist _____	Phone _____		

Does your child have any allergies? _____

Does your child require an EpiPen? _____

Does your child have any dietary restrictions? _____

Will your child require any treatments while at camp? _____

Medications A. Name _____ Dosage _____ Frequency _____
B. Name _____ Dosage _____ Frequency _____



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Does your child regularly take any medications that **will not** be taken at camp? _____

Is there anything the camp needs to be aware of when giving over-the-counter medications to your child? _____

Has your child experienced, or is currently experiencing any of the following conditions?							
	Yes	No	Date		Yes	No	Date
ADD/ADHD				Headaches			
Asthma/Inhaler				Hernia			
Back Pain				Homesickness			
Bedwetting				Lice			
Behavioral Issues				Mental Health Issues			
Blackouts/Fainting				Neck Pain			
Concussions				Breathing Problems			
Depression				Seizures			
Diabetes				Sleepwalking			
Ear Infections				Other			
Notes:							
Has your child had or currently has any of the following diseases?							
Chicken Pox				Mono (past year)			
Measles (German)				Rheumatic Fever			
Measles (Red)				Scarlet Fever			
Please list the date of your child's most recent vaccination.							
Tetanus Toxoid							

Has your Child had any operations? Explain. _____

Has your Child ever been hospitalized or had a serious injury? Explain. _____

Does your child have any restrictions on activity? _____

Will your child require any special assistance while at camp? _____

Is there anything you would like to discuss with the camp medical staff? _____