

# DAY CAMP HEALTH HISTORY FORM

## for Children, Youth, and Adults

The information on this form is to assist us in determining appropriate care for your camper. The health history must be filled out by parents/guardians of minors or by adults over the age of 18.

**\*A new health form completed by parent/guardian and physician is required annually.**

Cross Roads Camp and Retreat

### DAY CAMP

29 Pleasant Grove Road

Port Murray, NJ 07865

908-832-7264

Fax: 908-832-6593

Camper Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at day camp \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street address City State Zip

Gender:  Male  Female

Parent/guardian: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other Dietary Restrictions: \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Please attach a photocopy of the front and back of the health insurance card on a full sheet of 8 1/2 x 11 paper.

Has the participant had any of the following:

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

Vaccine	Mo/Year	Mo/Year	Mo/Year	Mo/Year	Mo/Year
DTP					
TD (tetanus/diphtheria)					
Tetanus					
Polio					
MMR					
Or Measles					
Or Mumps					
Or Rubella					
Haemophilus Influenza B					
Hepatitis B					
Varicella (chicken pox)					

Last TB Mantoux Test

Date \_\_\_\_\_

Result:  Pos  Neg