

Legend Springs Outdoor Education Health History Form---2013-2014

Camper Name _____ Birth date _____ Age _____ Sex _____

Address _____ City _____ Zipcode _____ Home phone _____

Parent/Guardian 1: Name _____ Work _____ Cell _____

Parent/Guardian 2: Name _____ Work _____ Cell _____

Other Emergency Contact: Name _____ Phone _____ Cell _____

Medical Information:

Family Physician _____ Phone _____ Date of Last Physical Exam _____

Medical Insurance Carrier _____ Policy and/or Group # _____

Medical Information past or present (please circle)

Currently under Dr. care	Yes	No	ADD/ADHD	Yes	No	Sleepwalking	Yes	No
Heart Defect/Disease	Yes	No	Head Lice (recent)	Yes	No	Bedwetting	Yes	No
Recent Hospitalization	Yes	No	Chicken Pox	Yes	No	Other diseases or Conditions	Yes	No
Asthma	Yes	No						
Seizures	Yes	No						
Diabetes	Yes	No						

Describe: _____

For each Yes, please explain _____

Allergies:

Hayfever	Yes	No	Bee stings	Yes	No	Penicillin	Yes	No
Oak/Ivy Poisoning	Yes	No	Other insects or animals	Yes	No	Other Drugs	Yes	No
Foods	Yes	No		Yes	No	Any other allergies?	Yes	No

Which foods? _____

Current Medications to be continued at camp (dosage/frequency) _____

Dietary Restrictions Yes No _____

Any reason to restrict full activity? Yes No If yes, please explain _____

Any other medical conditions and/or information that I need to be aware of to give your child the best care possible during Outdoor Education? _____

Thank you,
Nurse Michele