

Camp Farley Health Form (Required for all Children Attending Camp)

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You may attach this form to your doctor's proof of physical. If mailing any forms before arrival, please allow at least 14 days. Otherwise, please bring these forms to registration check-in.

PART 1: CAMPER INFORMATION (This section must be completed for Overnight and Day Campers)

Name of Camper: _____ Date of Birth: _____ Age: _____ Gender: _____

Street Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Camper: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____

Name: _____ Relationship to Camper: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Night Phone: _____

General Health History:

Ever been Hospitalized ___ Asthma/Shortness of Breath ___ Chest Pain ___ Rheumatic Fever ___

Had Surgery ___ Seizures ___ Fainting/Dizziness ___ Measles ___

Sleepwalking ___ Headaches ___ Diarrhea/ Mumps ___

Bed Wetting ___ Diabetes ___ Constipation ___ German Measles ___

Recent Injury ___ Kidney Trouble ___ Chicken Pox ___ Other _____

Anxiety/Depression ___ ADD/ADHD ___

Describe current physical, mental or psychological conditions requiring medication, treatment or special instructions while at camp

For Females: Has this person menstruated? ___ If not, has she been told about it? ___ If so, is menstrual history normal? ___

Allergies: No Known allergies ___ Food ___ Medicine ___ Environmental ___ Other _____

Please describe below what the camper is allergic to and the reaction

Dietary Restrictions _____

Current Doctor: _____ Phone with Area Code: _____

Current Dentist: _____ Phone with Area Code: _____

Insurance Subscriber: _____ Company: _____ Pol #: _____

Parent/Guardian Authorization for Health Care: This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment and necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or camp healthcare provider to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for emergency use.

Signature of Parent/Guardian: _____ **Date Signed:** _____

**If for religious or other reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.*

