

Glacier View Ranch

Camp Health History and Examination
for Children, Youth and Adults

| |
|--------------------------------|
| Allergies (please list): _____ |
| _____ |
| _____ |
| _____ |

This side to be filled in by parents/guardian of minors or by adult campers/staff members themselves. Please include complete mailing address, city, state and zip code on all addresses and include an area code with your telephone number.

Camper's Name _____ Birth Date _____ Sex ____ Age ____
 Name of Parent or Guardian _____ Phone _____
 Home Address _____
 Business Address _____ Phone _____
 Second Parent or Guardian or Emergency Contact: _____ Phone _____
 Home Address _____ Phone _____
 Business Address _____ Phone _____
 If not available in an emergency, notify:
 Name _____ Phone _____
 Address _____
 Operations or serious injuries (*dates*): _____
 Disability or chronic or recurring illness: _____

 Any specific activities to be encouraged or limited by physician's advice: _____

 Dietary modifications: _____
 Current medications (*send with instructions*): _____
 Name of family physician _____ Phone _____
 Date of last physical examination: _____
 Name of family medical/hospital insurance: _____
 Carrier _____ Policy or Group # _____

Health History (Check-give approximate date)

| | | | |
|-------------------------------|------------------------------|----------------------|---------------------|
| Frequent Ear Infections _____ | Diabetes _____ | Chicken Pox _____ | Hay Fever _____ |
| Heart Defect/Disease _____ | Bleed./Clot. Disorder. _____ | Measles _____ | Insect Stings _____ |
| Convulsions _____ | Hypertension _____ | German Measles _____ | Penicillin _____ |
| | Mononucleosis _____ | Mumps _____ | Asthma _____ |

Immunization - Give month & year of basic immunization & boosters

| Vaccines | Basic Series | Last Booster | Vaccines | Basic Series | Last Booster |
|-------------|--------------|--------------|------------|--------------|--------------|
| Hepatitis B | | | Oral Polio | | |
| Hib | | | ----- | | |
| Diphtheria | DPT | | Measles | | |
| Pertussis | or | | Mumps | MMR | |
| Tetanus | DT | | Rubella | | |

Important--This box must be completed for attendance*

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/and 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.

Signature of parent or guardian or adult camper/staffer _____

Witness: _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of minor _____

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

Colorado Law requires a physical within the last 24 months. A copy of a recent physical, or a school or Sports physical may be used in place of this form. Please provide a copy for us since we place previous records in permanent storage at the end of each summer.