



## Summer Camp Health History Form

Child's Name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Doctor Address \_\_\_\_\_

**A copy of the immunization record is required for children who have not yet been enrolled in Junior Kindergarten ONLY**

Does your child have:

1) A condition or behaviour that would require special attention, medication or a special diet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Allergies (food, medication, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

Please specify symptoms of allergic reaction and any special care needed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Any dietary restrictions?  
\_\_\_\_\_  
\_\_\_\_\_

Please list any communicable diseases your child may have or has had in the past. For example: measles, chicken pox, Hepatitis A, Fifth Disease  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_