

# EduADVENTURES Summer Day Camp

## Medical History Form

### Summer 2016



**To the Parents of Campers:**

*Please complete this form carefully. All health records are confidential.*

Camper's Name: *(last, first)* \_\_\_\_\_ Preferred: \_\_\_\_\_

Street Address: \_\_\_\_\_ Gender: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Immunization records required for all new campers. Please attach proof of all vaccinations.**

**Report of Medical History**

Has your child ever had any of the following? Please comment on all answers marked 'Yes'.

YES	NO		YES	NO		YES	NO	
		Measles (Red)			Hay Fever/Asthma			Chest Pain/Pressure
		German Measles			Recent Weight Loss			Chronic Cough
		Mumps			Appendectomy			Palpitation (Heart)
		Chicken Pox			Tonsillectomy			Rheumatic Fever
		Malaria			Hernia Repair			High Blood Pressure
		Anemia			Other Surgeries			Heart Murmur
		Gum/Tooth Trouble			Insomnia			Heart Disease
		Sinusitis			Recurrent Headache			Joint Disease
		Eye Problems			Recurrent Bladder Infection			Arthritis
		Ear Problems			Recurrent Diarrhea			Back Problems
		Hypoglycemia			Kidney Disease			Seizure/Convulsions
		Tumor, Cancer, Cyst			Head Injury/Unconsciousness			Tuberculosis
		Jaundice			Shortness of Breath			Diabetes
		Mononucleosis			Stomach Ulcers			Dizziness/Fainting
		Gallbladder Trouble			Recent Weight Gain			Weakness, Paralysis

Any remarks or additional information (drug or food allergies, or other infectious diseases not listed).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list all medications your child is currently taking:

\_\_\_\_\_  
 \_\_\_\_\_

Is your child presently under treatment for any physical or emotional problem?

(Yes) \_\_\_\_\_ (No) \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**All forms must be completed and returned by July 1<sup>st</sup>.**