

North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778 - Phone: (631) 744-0207 - Fax: (631) 744-3565 - www.nsync.com

Camper/Counselor Health History Form

To be completed by parent/guardian/counselor (if 18 years of age or older)

CAMPER/COUNSELOR INFORMATION:

Last Name: _____ First Name: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Grade Entering: _____ [] Male [] Female

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1: _____ Cell Number: _____

Parent/Guardian #2: _____ Cell Number: _____

EMERGENCY CONTACT: Local person to be contacted if either parent/guardian cannot be reached.

Name: _____ Relation: _____

Phone Number: _____ Address: _____

HEALTHCARE PROVIDER:

Physician's Name: _____ Phone Number: _____

Physician's Address: _____

ALLERGIES (please list all):

Food Allergies: [] Yes [] No If yes, _____

Medication Allergies: [] Yes [] No If yes, _____

Other Allergies: [] Yes [] No If yes, _____

Do you/does your child require an epi-pen? [] Yes [] No *If yes, please enclose a copy of your physician's allergy plan.*

Are you/is your child allergic to trace content of any foods? [] Yes [] No If yes, _____

Are any of the above allergies severe or life threatening? [] Yes [] No If yes, _____

Describe allergic reaction and management of reaction: _____

MEDICATION:

Do you/does your child take any medication on a routine basis? [] Yes [] No

If yes, please list medications and reasons for taking: _____

GENERAL HEALTH HISTORY: Has/does your child or you:

	Yes	No		Yes	No
Had any recent injury, illness, or infectious disease?	[]	[]	Ever been stung by a bee?	[]	[]
Have a chronic or recurring illness or condition?	[]	[]	Ever had Measles?	[]	[]
Ever been hospitalized?	[]	[]	Ever had Mumps?	[]	[]
Ever had surgery?	[]	[]	Ever had seizures?	[]	[]
Ever had a head injury?	[]	[]	Have diabetes?	[]	[]
Have frequent headaches?	[]	[]	Have asthma?	[]	[]
Have frequent ear infections?	[]	[]	Ever had Chicken Pox?	[]	[]

If yes, please explain. Please attach any copies of your physician's treatment/care plan(s): _____

Describe any health conditions requiring special considerations or restrictions of any kind. Provide any additional information about the camper's/counselor's behavior and physical, emotional, or mental health of which the camp should be aware.

I attest that all information provided to North Shore Youth Council is true and correct, and that my child, _____, is free of any communicable or contagious disease and has no physical, mental, or other conditions which would limit normal participation in camp activities except as noted above.

Signature of Parent/Guardian: _____ Date: _____

IMMUNIZATION RECORD:

PLEASE PROVIDE AN UP-TO-DATE COPY OF YOUR/YOUR CHILD'S IMMUNIZATIONS FROM YOUR HEALTHCARE PROVIDER. THIS IS REQUIRED BY THE NEW YORK STATE DEPARTMENT OF HEALTH.

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Participant/Parent/Guardian Release

_____ has my permission to participate in all activities offered. If attempts to contact me are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical Doctor or Dentist, and the prompt attention/treatment in an emergency. I authorize the North Shore Youth Council to take all necessary steps to ensure my child's health & safety in case of an emergency and to administer any needed medications.

In case of accident or injury I will not hold the North Shore Youth Council or its employees or volunteers responsible. I understand and assume all risks that may occur during my child's participation in these programs. I further acknowledge that North Shore Youth Council is not accountable for any injury/illness that may occur through no fault or negligence of their care, act of God, or communicable disease. I understand that should any injury occur to my child at the program, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

Print Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____