

GIRL SCOUTS OF OHIO'S HEARTLAND COUNCIL, INC.

___ Pre-School Unit ___ Boys Unit
___ Adult ___ Age if child
Name of Day Camp _____
Name _____
Address _____
City, State, zip _____
Cell Phone No. _____
Telephone Number _____
Birthdate (if child) _____
Physician's Name _____
Physician's Telephone Number _____
Person to contact in case of emergency: _____
Relationship _____
Telephone number or unit in camp: _____

HEALTH HISTORY

Immunizations:

___ DPT (Diphtheria, Pertussis, Tetanus)
___ Tetanus Booster (last year given _____)
___ MMR (Measles, Mumps, Rubella)
___ Polio
Past illness - indicate either NO or the year of the illness.
___ Heart Trouble ___ Asthma
___ Diabetes ___ Kidney Trouble
___ Allergies (including food allergies): _____

GIRL SCOUTS OF OHIO'S HEARTLAND COUNCIL, INC.

___ Pre-School Unit ___ Boys Unit
___ Adult ___ Age if child
Name of Day Camp _____
Name _____
Address _____
City, State, zip _____
Cell Phone No. _____
Telephone Number _____
Birthdate (if child) _____
Physician's Name _____
Physician's Telephone Number _____
Person to contact in case of emergency: _____
Relationship _____
Telephone number or unit in camp: _____

HEALTH HISTORY

Immunizations:

___ DPT (Diphtheria, Pertussis, Tetanus)
___ Tetanus Booster (last year given _____)
___ MMR (Measles, Mumps, Rubella)
___ Polio
Past illness - indicate either NO or the year of the illness.
___ Heart Trouble ___ Asthma
___ Diabetes ___ Kidney Trouble
___ Allergies (including food allergies): _____

Day Camp Health Information Form

Current health status: Describe current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp. Include inhalers and Epi-pens. _____

NOTE: If you have had a serious illness, or any operations since your last physical examination, you must have written permission from your physician to attend camp. Attach permission to this form.

Permission to treat with first aid?

[] Yes ___ [] No ___ (check one and initial)

NOTE: Insurance policy carried by the Council on all registered girls and adult leaders at day camp, and the boys and nursery children is an Accident Policy and does not cover treatment for allergies.

Family medical/hospital insurance information:

Coverage [] Yes [] No

Name of Company _____

ALB rev. 1/09

Day Camp/Day Camp Forms/Nursery Boys Adult Health History

Day Camp Health Information Form

Current health status: Describe current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp. Include inhalers and Epi-pens. _____

NOTE: If you have had a serious illness, or any operations since your last physical examination, you must have written permission from your physician to attend camp. Attach permission to this form.

Permission to treat with first aid?

[] Yes ___ [] No ___ (check one and initial)

NOTE: Insurance policy carried by the Council on all registered girls and adult leaders at day camp, and the boys and nursery children is an Accident Policy and does not cover treatment for allergies.

Family medical/hospital insurance information:

Coverage [] Yes [] No

Name of Company _____

ALB rev. 1/09

Day Camp/Day Camp Forms/Nursery Boys Adult Health History