

AUUF Summer Peace Camp 1st-8th gr. Camper Health History Form



Cabin group _____
Nurse Reviewed _____
Date _____

CAMPER NAME _____

Grade completed _____ Age _____ Birthdate _____

Gender _____ Parent/Guardian _____

Relationship to camper: _____ Email address _____

Home Address _____ zip _____

Preferred phones: (_____) _____ Text updates - ____ yes ____ no

HEALTH CARE PROVIDERS

Health Ins. Provider _____ Account # _____

Physician _____ Phone number _____

Name of Insured Party _____ Preferred Hospital _____

GENERAL HEALTH HISTORY

Food Allergies/Other Allergies _____

Describe previous reactions _____

Current Medications: _____

Date of last Tetanus shot? _____

Does the camper have seizures? ____ Headaches? ____ Diabetes? ____ Chronic Illness? ____

The camper is undergoing treatment for the following condition _____

MENTAL, EMOTIONAL, SOCIAL HEALTH

Has the camper:

1. ever been treated for ADD or ADHD? ____ yes ____ no
2. ever been treated for emotional or behavioral difficulties or an eating disorder? ____ yes ____ no
3. Has the camper had a significant life event that continues to affect the camper's life? ____ yes ____ no
4. Do you feel the camper will require limitations or restrictions to activity while at camp?
____ yes ____ no

Please explain any yes answers: _____
