

# CAMP HERMOSA HEALTH FORM 2008

Camper Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Gender: M: \_\_\_\_\_ F: \_\_\_\_\_

Health Card Number (including all letters and numbers) \_\_\_\_\_

Other Health Insurance Numbers \_\_\_\_\_

	Name	Home phone/pager	Work phone/pager
Mother (or foster)			
Father (or foster)			
Other (emergence)			
Other (emergency)			

Camper lives with: Mother \_\_\_ Father: \_\_\_ Both: \_\_\_ Other: \_\_\_ (please attach further information if "other")

Custodial parent: Mother: \_\_\_ Father: \_\_\_ Both: \_\_\_ Other: \_\_\_ (please attach further information if "other")

Most recent immunization date: tetanus, diphtheria, polio (DPT) \_\_\_\_\_

Significant medical health problems:

Any history of behavioral or mental/emotional health problems? Include any history of counseling/therapy.

Are there family/social problems affecting the camper?

Does your child have problems that might affect him/her in the cabin ie. bedwetting, sleepwalking, and if so, how are these best managed?

### Allergies/Dietary Restrictions (attach another sheet if needed)

Allergy/Restriction	Reaction	Treatment

Please complete both sides of this form.

