Camper Last Nam

-					Which of the following immunizations has the participant had? Notes:						
○ Measles ○ German Measles ○ Hepatitis C ○ Mumps ○ Chicken Pox ○ Hepatitis B											
Date of most recent Immunizations/Boosters (mm/yy) DTP MMR Polio Hep B											
General Questions (Please circle yes or no for each of the following questions) Has/does the participant:											
Had recent injury, illness or disease?	Yes	No	Have any skin problems?		Yes	No					
Have a chronic or recurring condition?	Yes	No	Have diabetes?		Yes	No					
Been hospitalized?	Yes	No	Have asthma?		Yes	No					
Had surgery?	Yes	No	Had mono in the past 12 months?		Yes	No					
Have frequent headaches?	Yes	No	Had diarrhea/constipation troubles		Yes	No					
Had a head injury?	Yes	No Ma	Have problems with sleepwalking?		Yes	No					
Been knocked unconscious?	Yes	No Ma	Has begun menstruating? (Female	:s)	Yes	No Ma					
Had frequent ear infections?	Yes	No No	Been told about menstruation?		Yes	No No					
Passed out/been dizzy after exercise?	Yes	No No	Have a history of bed wetting?		Yes	No No					
Had seizures?	Yes	No No	Had any eating disorders?		Yes	No No					
Any heart problems? Had back, muscle or joint problems?	Yes Yes	No No	Had emotional/behavioral counseli	ng?	Yes	No					
Hau back, muscle of John Problems.	163	NO									
Please explain any "yes" answers:						!					
l						!					
						I					
						I					
						!					
						I					
						I					
					_						
Please list any medical or behavioral issues o	or concerns t	that we need to be aware	<u>រ of:</u>								
I											
l											
l											
l											
I											
l											
I											
I											
OVER THE COUNTER MEDICATIONS					Î						
My child has permission to take over-the-cou	tan wadirs	-tions in against initiary of	· Illuses Disagn indicate all the modi	-ti-u- that can be ad	···iuintor	and to work shild					
•		• •				ва 10 учиг отта.					
·	n (fever redu ed/deconges		○ Ibuprofen (pain/swelling)○ Pepto-Bismol	Benadryl/AntihisTums/antacid	<i>STam</i> ine						
·	_	stant ash, antibacterial, etc)	○ Pepto-Bismoi ○ doTerra Essential Oils	•							
			∪ 00 i erra essentiai utis	○ Eye Drops							
Other:											
Complete Upon Arrival at Camp											
	formation. M	v/mv child's health infor	mation is complete and accurate to t	he hest of my knowled	dae.						
I have reviewed and updated all pertinent information. My/my child's health information is complete and accurate to the best of my knowledge. ○ Changes were made on the above form ○ No changes were made to the above form											
Signature of Parent/Guardian:			Date:								