



DAINAVA

15100 AUSTIN RD., MANCHESTER, MICH 48158

REF. PROCEDURE: Rule 127.2

CAMPER HEALTH HISTORY RECORD

The following information is requested so that the Camp can better meet the physical, intellectual, and emotional needs of the camper. Please fill out the information requested (Use back of form if additional space is required). "Authorized person" means a parent, guardian, or adult camper's designee.

Camper's Name (Last)	First	Middle	Sex	Date of Birth					
Does the camper have any of the following	YES	NO	YES	NO					
1. Hay fever, asthma, or wheezing			5. Diabetes	9. Speech problems					
2. Eczema or frequent skin rashes			6. Frequent colds, sore throats, ear aches	10. Menstrual problems					
3. Convulsions or seizures			7. Trouble with urination/ bowel movement	11. Dental problems					
4. Heart trouble			8. Shortness of breath	12. Other					
Please explain any problem areas identified above including any current infectious									
If female, has she been told about menstruation (answer if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No			Has she menstruated (answer if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please explain any special health, behavioral or emotional consideration(s): include special conditions such as bedwetting, sleepwalking, etc:									
Does camper have any documented allergies? If YES, please describe reaction and required treatment, if any:									
Under what medical circumstances should authorized person be notified (Examples: Fever over 100, sprains, broken bones, etc.)?									
Medications Needed or Used (Including Psychiatric)			Currently Being Given						
Kind	Frequency	Dosage	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
			<input type="checkbox"/> Yes	<input type="checkbox"/> No					
IMMUNIZATION									
	Polio	Mumps	Diphtheria	Tetanus	Pertussis	Measles	Rubella	Other	
Date Initial Immunization Completed									
Date of Most Recent Booster									
Should the camper's activity be restricted because of any physical limitation or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, please explain degree of restriction:				
I give permission for the Camp Health Officer to administer over-the-counter medications as needed. The following medications may be given according to manufacturer's label instructions: pain & fever medications, cold or allergy medications, and upset stomach remedies. I understand that the camp reserves the right to send a child home if he/she poses a threat to camp community health because of a communicable disease. YES <input type="checkbox"/> NO <input type="checkbox"/>									
I certify that this information is true to the best of my knowledge.								Date	
Authorized Person's Signature									