

HEALTH STATEMENT FOR STORY BOOK LODGE

NOTE: PLEASE DO NOT MAIL THIS FORM! Bring it with you on registration day. It should be filled out completely and signed by your parent or guardian.

Name of camper: _____
Last First Age M/F

Date of Birth: _____

List below any physical condition the camp nurse should know about. Reporting such information will not prevent a child from attending camp. It is for their protection and will be kept confidential by the camp staff. Detailed information may be given on the back of this form.

Heart _____	Kidney _____	Lung _____
Asthma _____	Diabetes _____	Epilepsy _____
Ear _____	Fainting _____	Convulsions _____
Drug Allergy _____	Bed Wetting* _____	Other _____
None _____	*Please pack extra bedding, Protective sheeting etc...	

Has the camper had a recent injury, illness, or surgery?

No _____ Yes _____ (explain) _____

Is the camper presently on any medication?

No _____ Yes _____ (explain) _____

Is the camper on a special diet?

No _____ Yes _____ (explain) _____

Has the camper been exposed to any contagious disease in the past ten days?

No _____ Yes _____ (explain) _____

Are there any activities the camper should not participate in?

No _____ Yes _____ (explain) _____

Signature of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Date _____

In the event that your child should become ill or injured, the camp nurse will contact you. You will be asked to supply your insurance information at that time.