



Camp Fairwood

**you can also  
REGISTER  
ONLINE!**

# 2017 HEALTH INFORMATION FORM

Camper's Name \_\_\_\_\_  
LAST FIRST

Week of Camp Attending? \_\_\_\_\_

Camper's birth date (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone # ( \_\_\_\_ ) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Are there any health or behavior conditions of which Camp Fairwood should be aware?

\_\_\_\_\_  
\_\_\_\_\_

**For the health and safety of all, we request that campers with a communicable disease not be sent to camp. We appreciate your cooperation and understanding in this matter of public health.**

Date of last Tetanus booster \_\_\_\_\_

Are immunization records up to date?     Yes     No

Note any specific allergies \_\_\_\_\_

Medications taken regularly? \_\_\_\_\_

Reasons for taking medication \_\_\_\_\_

**All medications must be kept in their original, labeled containers and turned in to the Camp Nurse upon arrival.**

**IN CASE OF EMERGENCY**, I understand every effort will be made to contact a parent or guardian. In the event one cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child as named above.

My signature below also gives permission for the above child to attend camp and to participate in all activities, including those off site. I also realize that my child's picture or testimony may be used in the promotion of the camp.

Name of Parents/Guardians \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Emergency phone numbers (give two): ( \_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_

PARENT'S OR GUARDIAN'S SIGNATURE

DATE

**MUST BE COMPLETED BY  
PARENT/GUARDIAN**