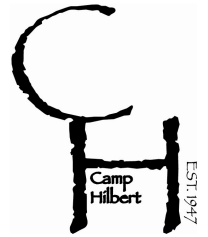




CAMP HILBERT 2010

MEDICAL HISTORY & CONSENT TO TREAT



IMPORTANT: Please provide complete, accurate and current information so that we can provide care consistent with each camper's needs. Please notify the camp office if your child has been exposed to any communicable diseases during the three weeks prior to arriving at camp

Camper Name: _____

Health History: If "yes," please fill in the applicable date.

	Date		Date
ADD/ADHD	_____	Dizziness	_____
Asthma	_____	Ear Infections (recurrent)	_____
Bedwetting/bladder/bowel problems	_____	Eye Trouble/vision	_____
Bipolar Disease	_____	Fainting	_____
Cancer	_____	Headaches (recurrent)	_____
Chicken Pox	_____	Hearing Loss	_____
Dental	_____	Heart Disease	_____
Depression	_____	Hypertension	_____
Diabetes	_____	Seizure Disorders	_____
Kidney Disease	_____	Skin Conditions	_____
Lyme Disease	_____	Sleep Walking	_____
OCD	_____	Thyroid disorder	_____
Recurrent Respiratory Ailments	_____	Other (i.e. Cystic Fibrosis)	_____
Allergies (seasonal or food)	_____		_____

If yes to any of the above, please explain in greater detail: _____

Other physical/mental health/emotional or behavioral issues the camp should know: _____

If you checked ADD, ADHD, depression, OCD or other psychological conditions, please complete the following:

Describe condition: _____

Has medication been prescribed? () Yes () No Name of medication: _____

Prescribing physician _____ Phone #: _____

Dosage/frequency/time of day: _____

List all prescription, over the counter, and herbal medications your child takes regularly

Has your child had any major illnesses, operations, or significant injury (concussions, fractures) in the past which might, even remotely, bear on health needs at camp (other than noted above)?

Has your child been hospitalized or have you received outpatient treatment in the past year? Yes No

If yes, please explain: _____

Does your child wear braces? Yes No

If yes, name of Orthodontist _____ Phone # (____) _____

CONSENT TO TREAT AND IMMUNIZATION STATEMENT

Should my child become ill or suffer an accident of any character while he or she is at camp, Camp Hilbert shall attempt to contact the parent/legal guardian immediately. In the event Camp Hilbert is unable to reach the parent/legal guardian immediately, Camp Hilbert and/or its designated employee/s shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary.

I verify that all immunizations on my child are up to date and on file with the doctor listed below (immunization schedule on camp website):

Physician: _____ Phone #: _____

Parent/Legal Guardian Signature

Date