

LAST NAME _____

HEALTH EXAMINATION FORM

Return to: Manitoga Summer Nature & Design Camp, PO Box 249, Garrison, NY 10524 no later than two weeks prior to your child's first day of camp. Your child **will not be able to attend camp** if forms are not received by this date.

Child's Name _____ Date of Birth _____ Age ____ Boy ___ Girl ___

Parent or Guardian _____ Phone _____

Home Address _____
Street Address/PO Box City State Zip

If I am not available in an emergency, notify (**list in preferred contact order**):

1. Name _____ Primary Phone _____
Alternate Phone _____ Relationship _____

2. Name _____ Primary Phone _____
Alternate Phone _____ Relationship _____

Physician _____ Phone _____

Address _____ Date of Last Exam _____

MEDICAL EXAM: An examination must be performed within 12 months of arrival at camp. Examination for any purpose within this period is acceptable. Examination is to determine fitness for engaging in strenuous activity.

IMPORTANT: Please notify Manitoga if your child is exposed to any communicable disease anytime during the three weeks prior to camp attendance.

Health History (please circle and give approximate dates for all that apply):

Ear infections
Rheumatic Fever
Convulsions
Diabetes
Behavioral Problems

Allergies
Hay Fever
Ivy Poisonings
Insect Bites/Stings
Penicillin
Other Drugs (specify)

Diseases
Chicken Pox
Measles
German Measles
Mumps
Asthma

Other diseases or details of above:

Any specific activities to be encouraged or restricted?

Any dietary restrictions or allergies?

Currently under treatment by physician?

Taking medication?

If yes, please explain _____

Immunization History (give dates or attach record)

DPT series
Polio OPV
Measles
Rubella

Tetanus Booster
Mumps
TB

Varicella (chicken pox)
Hepatitis B
HIB

Parent's Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure proper treatment, order injection, anesthesia or surgery, and/or hospitalization for my child as named above.

Printed Name

Signature

Date