

MASTA String Camp Health History Record

To be completed by a parent or guardian.

Dear Parent or Guardian:

The following information is requested so that the camp and parent can work together to meet the physical, intellectual, and emotional needs of the child. Fill out the information request and bring, completed, to registration the *first day of camp*.

Dates of camp _____ Gender _____

Camper Name _____ Birth Date _____ Age at Camp _____
Last First Middle

Home Address _____
Street Address City State Zip

Custodial Parent / Guardian _____ Home Phone _____

Address _____
Street Address City State Zip

Cell Phone _____ Place of Work _____ Work Phone _____

Emergency Contacts _____

Name Phone Relationship

Address _____
Street Address City State Zip

Emergency Contacts _____

Name Phone Relationship

Address _____

Street Address City State Zip

Insurance Information

Is the camper covered by family medical / hospital insurance? Yes No

Policyholder's name _____ Carrier Name _____ Policy # _____

***** Photocopy of front and back of health insurance card should be attached to this form*****

Name of family physician _____ Phone _____

Address _____
Street Address City State Zip

Important – This box must be complete for camp attendance

I hereby authorize the administration of the MASTA String Camp to secure routine, non-surgical medical care and emergency medical or surgical treatment for my child. I agree to reimburse for any expenses incurred.

Signature of parent or guardian _____ Date _____

Photographs and video clips of campers are taken throughout camp for use in promotional materials and the camp website. Please sign below allowing your child's photo to be used in camp promotional materials.

Signature of parent or guardian _____ Date _____

After camp my child will be picked up by

Name _____ Relationship _____

MASTA String Camp Health History Record

To be completed by a parent or guardian.

Restrictions (The following restrictions apply to this camper)

Does not eat: Red meat Pork Poultry Seafood Dairy Eggs Other _____

Allergies (List all that you know) _____

Medication Allergies (List) _____

Medications

This person takes NO medications on a routine basis.

This person takes the following medications:

Please list all medications (including over the counter nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging / bottle that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and the frequency of administration.

Medication	Dosage	Hours Given	Reason

I hereby give permission to administer the over the counter medications listed below (or their generic equivalents) EXCEPT THOSE I HAVE CROSSED OUT if the camp Health Officer deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Tylenol	Benadryl	Cough drops	Tums	Pepto Bimol	Robitussin
Motrin	Contac	Eye drops	Aloe Cream	Caladryl Lotion	Hydrocortisone Cream

General Questions (Explain “yes” answers below)

Has your child:	Yes	No	Has your child:	Yes	No
1. Had any recent injury, illness, or infectious disease?			9. Ever been hospitalized?		
2. Have a chronic or recurring illness/condition?			10. Ever had surgery?		
3. Have frequent headaches?			11. Ever had a head injury?		
4. Ever been knocked unconscious?			12. Wear glasses, contacts, or protective eyewear?		
5. Ever have frequent ear infections?			13. Ever have seizures?		
6. Ever been diagnosed with a heart murmur?			14. Ever had back problems?		
7. Have any skin problems?			15. Have diabetes?		
8. Have asthma?			16. Have a history of bed-wetting?		

Please explain any “yes” answers, noting the number of the questions _____

Which of the following illnesses has the participant had?

Measles Chicken Pox Mumps German Measles Hepatitis A, B, or C Polio Rubella
 Tetanus Diphtheria Pertussis (Whooping Cough) Other _____

Should the camper’s activity be restricted because of any physical defect or illness? Yes No

If yes, please explain degree of restriction _____

Important – This box must be complete for camp attendance

I certify that this information is true to the best of my knowledge.

 Parent or Guardian Signature Date