



Camp Ak-O-Mak

2010

MEDICAL HISTORY ~ 5 OF 5

Health History: VERY Important and MUST Be Completed

Camper's Name: _____

Has the camper had any of the following illness:

Measles:	<input type="checkbox"/>	Mumps:	<input type="checkbox"/>	Hepatitis B:	<input type="checkbox"/>
Chicken Pox:	<input type="checkbox"/>	Hepatitis A:	<input type="checkbox"/>	Hepatitis C:	<input type="checkbox"/>
German Measles:	<input type="checkbox"/>	H1N1 Influenza:	<input type="checkbox"/>		

Please give dates of last immunization update: Hepatitis B:

DTP (Dip. Tet. Pert.): _____ Mumps: _____

TD (Tet/Dip): _____ Rubella: _____

Tetanus: _____ Haemophilus Influenza B: _____

Polio: _____ Varicella (Chicken Pox): _____

MMR: _____ Meningitis Vaccine: _____

Measles: _____ TB Mantoux Test: _____

Result: Positive: _____ Negative: _____

H1N1 Vaccine: _____ Yes _____ No

Date: _____

Parent/Guardians: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the Camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian

Print name of Parent/Guardian