

2010 HEALTH HISTORY FORM

TO BE COMPLETED BY PARENT OR GUARDIAN

Camper's Name: _____
Camper's Date of Birth _____ Camper's Age at Camp _____
Primary Contact Name: _____

Mother's Name: _____
Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

Father's Name: _____
Home Phone: () _____
Work Phone: () _____
Cell Phone: () _____

In the case of separation or divorce, both sets of information are required.
If neither parent can be reached, in case of emergency notify _____
Relationship _____
Home # _____ Work # _____ ext. ____ Cell# _____

HEALTH HISTORY: Please check () and attach a separate statement regarding potential problem areas:

- () Recurring Strep Throat
 - () Heart Disorder
 - () Serious Injuries
 - () Frequent Ear Infections
 - () Sleep Walking
 - () Severe Headaches/Migraines
 - () Chronic Cough
 - () Bed Wetting
 - () Hepatitis
 - () Asthma/Wheezing
 - () Fainting
 - () Infectious Mononucleosis
 - () Chronic Constipation
 - () Seizures
 - () Tuberculosis
 - () Kidney Problem/Urinary Tract Infection
 - () ADD/ADHD Learning Disabilities
 - () Chicken Pox (Please note date of disease)
- Date _____
Other _____

Allergic Reactions: (Please give details)

Insect Stings _____
Poison Ivy/Oak _____
Drugs _____
Food _____ Other _____

Has your child been evaluated or received treatment or counseling by a psychologist or physician for an emotional or behavioral problem, including hyperactivity?

() Yes () No

If so, on a separate statement, please help us understand how to effectively address these concerns.

Are there other special concerns regarding your child's medical history? (attach a separate statement if necessary)

NOTE:

- Please write or call the camp if your child is exposed to or has contracted any potentially serious communicable diseases (such as chicken pox, Hepatitis, meningitis, etc.) during the three weeks prior to camp attendance.
- In order to complete the registration process, this form (no substitutions) must be received 1 month prior to program start date for physician's review.
- Final acceptance is subject to review by the Camp Medical Committee and the Director reserves the right to rescind enrollment based upon recommendation of medical staff.

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD

To coincide with N.C. law for school enrollment, Camp Sea Gull and Camp Seafarer requires the following immunizations:

Date of most recent PPD (Mantoux) Test _____

Test results _____

*(if indicated by the guidelines published in the most recent
Center for Disease Control Redbook)*

*DTP / DTaP/ DT _____

**dT/TdaP _____

*Polio (IPV/OPV) _____

***Hib _____

****Hepatitis B _____

*MMR (combined doses) _____

*****Chicken Pox _____

Pneumococcal _____

Menactra _____

HPV _____

Hep A _____

BCG/IPPD _____

Other immunizations received in addition to those above required:

*Required by State law

**Required by State law if child is 11 years old

***Required by State law for children born on or after 10/01/88

****Required by State law for children born on or after 07/01/94

*****Required by State law for children born on or after 04/01/01

Date of most recent PPD (Mantoux) Test _____

Test results _____

(if indicated by the guidelines published in the most recent
Center for Disease Control Redbook)

*DTP / DTaP/ DT

(circle which)

**dT/Tdap

*Polio (IPV/OPV)

***Hib

****Hepatitis B

*MMR (combined doses)

*****Chicken Pox

Pneumococcal

Menactra

HPV

Hep A

BCG/IPPD

Other immunizations received in addition to those above required