DAY CAMP HEALTH HISTORY FORM

for Children, Youth, and Adults

The information on this form is to assist us in determining appropriate care for your camper. The health history must be filled out by parents/guardians of minors or by adults over the age of 18.

***A new health form completed by parent/guardian and physician is required annually.**

Cross Roads Camp and Retreat
DAY CAMP
29 Pleasant Grove Road
Port Murray, NJ 07865
908-832-7264
Fax: 908-832-6593

Camper Name _____Birth date_____ Age at day camp _____
Last First Middle

Home address_____
Street address City State Zip

Gender: ❑ Male ❑ Female

Parent/guardian: _____
Home Phone (___)_____
Cell Phone (___)_____

Emergency Contact:_____
Home Phone (___)_____
Cell Phone (___)_____

Known Allergies: _____

Other Dietary Restrictions: _____

Name of Family Physician _____ Phone Number (___)_____

Address _____

Insurance Information

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

If so, indicate carrier or plan name _____ Group #_____

Please attach a photocopy of the front and back of the health insurance card on a full sheet of 8 1/2 x 11 paper.

Has the participant had any of the following:

___ Measles
___Chicken Pox
___German Measles
___Mumps
___Hepatitis A
___Hepatitis B
___ Hepatitis C

Last TB Mantoux Test
Date _____
Result: __ Pos __ Neg

Vaccine	Mo/Year	Mo/Year	Mo/Year	Mo/Year	Mo/Year
DTP					
TD (tetanus/diphtheria)					
Tetanus					
Polio					
MMR					
Or Measles					
Or Mumps					
Or Rubella					
Haemophilus Influenza B					
Hepatitis B					
Varicella (chicken pox)					