

CHILD'S HISTORY FORM SUMMER 2019

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Thank you for taking the time to fill out this information in as much detail as possible. We appreciate your time and want to assure you that this information will be kept confidential. This information will only be shared with the classroom teams so that we can best serve the needs of your child. Again, many thanks for your time.

					,
Child's Full Name:			OOB:	_ /	_/
Gender	Ooes your child have a nickname t	hat they wish to be	called:		
appropriate swim g	tes all swim levels of campers and roup. We would love to have som le, especially if there are any emot	e information before	ehand so the	counselor	
	had swimming lessons before? [s, please let us know for how long		n the pool:		
	, please let us know if your child h e are any fears we should be awa		ool before, th	ie amount	of exposure to
GENERAL MEDIC	AL HISTORY				
Has your child had	a history of the following?				
Chronic ear infection	ons: YES NO How freque	nt?			
Serious illnesses:	☐ YES ☐ NO Please explain:				
Surgeries: YES	□ NO Please explain:				
Hospitalizations:	YES NO Please explain:				
Does your child tak	e medications? YES NO	Please list all the n	nedications ye	our child is	currently
taking:					

Does your child have allergies: YES NO What is your child allergic to? Please list and explain	
all medications, treatments, if they have a prescription Epi-pen and any other allergies:	
Does your child have any physical special needs: YES NO Please explain:	_
Please provide any additional information you feel is important regarding your child's health:	_
SPECIAL SITUATION OR NEEDS THAT CAMP SHOULD BE AWARE OF: Is your child currently receiving any therapeutic interventions, such as speech therapy, occupational therapy, etc? How often? Please explain:	
Are there any things or circumstances that you think we should know so as to best accommodate your child and family? Or, anything else about your child and family that you feel would be important for your child's counselors to know?	
Name of person(s) completing this form:	_
Relationship to child: Today's date:	-

Thank you very much for completing this form



