

Stewart Miller Camp - Health Certificate Form

TO BE FILLED OUT BY PARENT OR GUARDIAN:

Campers Name _____ Sex: () Female () Male
Birthdate ____/____/____ Age as of June 4, 2007 _____ Height _____ Weight _____
Name of Parent or Guardian _____
Home address _____ () _____
City, State, Zip Code _____
Work (Daytime) address _____ () _____
City, State, Zip Code _____

If not available in an emergency, notify: (Give name, address, telephone number, and relationship)

HEALTH HISTORY:

(1) Does your child have any communicable, chronic and/or recurring illness? () Yes () No

If yes, please explain _____

(2) Does your child have any physical handicaps? () Yes () No

If yes, please describe _____

(3) Does your child have any mental disorders? () Yes () No

If yes, please describe _____

(4) Will your child require medication while at camp? If so, explain. Describe the condition and the medication.

(5) Please note any additional information about which the camp nurse and camp directors need be aware.
(There will be an opportunity on opening day for parents to visit with the camp nurse.)

PARENT'S / GUARDIAN'S AUTHORIZATION:

This health certificate is correct so far as I know and the camper named above has my permission to engage in all camp activities, except as noted by me and the examining physician. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or medical personnel selected by the Camp Director or Nurse, to hospitalize, secure treatment for, order injection, order anesthesia for surgery, and/or order medication for my child as named above.

Signature _____ Relationship to child _____ Date ____/____/____

HEALTH INSURANCE INFORMATION:

It is a requirement for attendance at Stewart Miller Camp that the parent or guardian of the camper provide medical insurance during the camper's stay at camp. Please provide insurance information below:

Name of Insured Person: _____

Camper's relation to insured: _____

Name of Employer or Group: _____

Name of Insurance Company: _____

Policy Number _____ Group Number _____

Telephone No. of Company for Verification of Coverage () _____

TO BE COMPLETED BY PARENT (GUARDIAN) AND / OR PHYSICIAN:

Campers Name _____

Name of Family Doctor _____

Office address _____

City, State, Zip Code _____

Doctor's Telephone Number () _____

Immunization Record: Please attach a copy of the camper's immunization record

When was last Tetanus / Booster given? _____

Does the camper have any allergies? () Yes () No

If yes, please describe _____

Does the camper have asthma, hay fever, or other respiratory conditions needing attention? () Yes () No

If yes, please describe _____

Has your child been under the care of a physician, psychologist, and/or psychiatrist within the last 12 months? () Yes () No

If yes, please explain _____

IF THE CAMPER HAS HAD AN EXAMINATION BY A DOCTOR WITHIN THE LAST ONE (1) YEAR, YOU MAY ATTACH A COPY OF THAT EXAM OR A STATEMENT FROM THE DOCTOR. OTHERWISE, A PHYSICIAN MUST SIGN THE STATEMENT BELOW. PLEASE INDICATE YOUR CHOICE BY CHECKING THE APPROPRIATE BOX:

() My child named above had a physical exam by a doctor on _____ (give date).

A copy of that exam is attached. I further verify that the information above is correct:

Signature of Parent/Guardian _____ OR

() Physician's statement provided below

THE SECTION BELOW MUST BE COMPLETED UNLESS A COPY OF A DOCTOR'S PHYSICAL IS ATTACHED:

STATEMENT BY PHYSICIAN:

Comments by Physician _____

I have examined and reviewed the health history of the above named child, and it is my opinion that he/she possesses the physical and mental capabilities to fully participate in all camp activities, except as noted.

Name of Physician _____

Office Telephone Number () _____

Signature of Physician _____ Date ____/____/____

***** FOR CAMP OFFICE USE: *****

Please return this Health Certificate Form to:

Stewart Miller Communication, Inc.