

PERSONAL HEALTH AND MEDICAL RECORD CONTINUED

MEDICAL HISTORY

| | |
|---|---|
| Most Recent Physical Examination (Date) | Do you have any current health problems? <input type="checkbox"/> Yes (Explain below) <input type="checkbox"/> No |
| Are you now under medical care or taking any medications? <input type="checkbox"/> Yes (Explain below) <input type="checkbox"/> No | Has there been any surgery, illness, allergy or change in health status since last complete physical examination? <input type="checkbox"/> Yes (Explain below) <input type="checkbox"/> No |
| Explanation: | |

AUTHORIZATION

| | | |
|---|------------------------------|--------------------------------------|
| To the best of my knowledge, history is correct and complete, I know of no reason to restrict applicant's activity, and give my permission for participation in all activities except as specifically noted herein. In the even that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection. anesthesia or surgery for my child as named above. | | |
| Date | Signature of Parent/Guardian | Signature of Individual (If Over 18) |

FOR CAMP USE ONLY

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|------------------------|------|
| Review by Adult Leader | Date |
|------------------------|------|