



# HEALTH INFORMATION FORM

**To be completed by Parent or Guardian**

NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and custodial parent signatures.

**SCHOOL NAME:** \_\_\_\_\_ **DATES AT CAMP:** \_\_\_\_\_

**Please print all information and ensure that it can be read by others**

CAMPER INFORMATION				
Last Name:	First Name:	M.I.	Date of Birth:	Grade:
Gender (circle one) Male / Female	Home Street Address:  City, State, Zip:	Home Phone:		
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
Parent/Guardian Name Printed:	Relationship to Camper:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Email address:			Cell Phone:	
			Work Phone:	
List an Emergency Contact Printed: (friend or relative who can/will care for your child if you cannot be contacted)		Relationship to Camper:	Home Phone:	
			Cell Phone:	
			Work Phone:	
Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp) <span style="float: right;"><input type="checkbox"/> Not Insured</span>				
Company: _____ Policy Number: _____				
HEALTH HISTORY				
Camper's Primary Care Physician:		Office Telephone Number:		
		Office Fax Number:		
Health History (check if applicable & explain)		Allergies (check if applicable & explain)		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes (a NorthBay diabetic order form must be completed) <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Bleeding/Clotting disorder _____ <input type="checkbox"/> Seizures Type: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Psychological issues _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger Management <input type="checkbox"/> Mood disorder <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Recent illness/injury/infectious disease _____ <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery  <input type="checkbox"/> Other not listed _____ <input type="checkbox"/> <b>Date of Last Tetanus Shot:</b> _____ <input type="checkbox"/> Takes medication every day (A medication form/s needs to be completed for all medications to be taken while at camp)		<input type="checkbox"/> <u>Allergy</u> to Medications _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Severe Poison Ivy reaction <input type="checkbox"/> Other: Please lists _____  <div style="text-align: center; background-color: #bbdefb; padding: 5px;"><b>Diet / Nutrition</b></div> <input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a vegetarian diet <input type="checkbox"/> Has special food needs (describe below)  _____ _____		
Does the camper need his/her physical activity restricted <input type="checkbox"/> No <input type="checkbox"/> Yes – explain _____				
Please provide any additional information that we need to know to ensure your child's camp experience is a positive one:  _____				