

# New York Grange Camp Health Form

**NEW YORK STATE** requires camps to have a completed Health form on each child. **This form MUST be submitted with the registration form prior to the start of camp. This MUST BE signed by a Physician.**

Name: \_\_\_\_\_ Sex: M F Age: \_\_\_ DOB: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address Street: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

In the event of Emergency, **and Parent or guardian can not be reached,**  
(must be over 18 years of age)

Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

### MEDICAL INSURANCE

Your personal medical policy is you child's primary coverage. All registered campers are covered by excess coverage accident insurance while at camp.

Policy Holder's Name & Number:	Name & Address of the Insurance Carrier
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### Health History

(If you have had any of these please indicate which ones.)

Measles	No / Yes	Diabetes	No / Yes	Allergies	No / Yes
Chicken Pox	No / Yes	Urinary/Kidney problems	No / Yes	Hospitalizations	No / Yes
German Measles	No / Yes	Glasses/contacts	No / Yes	Surgeries	No / Yes
Mumps	No / Yes	Neurological	No / Yes	Food Allergies	No / Yes
Hepatitis	No / Yes	Psychological	No / Yes	Breathing problems	No / Yes
Heart problems	No / Yes	Seizures/Epilepsy	No / Yes	Allergic Reactions	No / Yes

IF YES TO ANY OF THESE PLEASE EXPLAIN: \_\_\_\_\_

Is there any other Conserns: \_\_\_\_\_

Date of last TB Mantoux test: \_\_\_\_\_ Result: Positive Negative

### Immunization History

Please record the date (MM/YY) of the basic immunization and recent boosters.

\_\_\_\_\_ **DTP**      \_\_\_\_\_ **Tetanus**      \_\_\_\_\_ **MR or MMR**      \_\_\_\_\_ **TD**  
 \_\_\_\_\_ **Polio**      \_\_\_\_\_ **Hemophillius Influenza B**      \_\_\_\_\_ **Hepatitis B**  
 \_\_\_\_\_ **Chicken Pox**      \_\_\_\_\_ **BCG**      \_\_\_\_\_ **Hepatitis A&B**

**For Female:** Has this person menstruated? Y N If yes, is her menstrual history normal? Y N If not has she been told about it? Y N

This health form is correct so far as I know, and the person herein describes has permission to engage in all prescribed camp activities, except as noted. I hereby give permission to the medical personal selected by the Grange Camp to order x-rays, routine tests, treatment & necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission t o the medical personnel selected by the Grange Camp t o secure & administer Treatment, including hospitalization, for my child, as named above. Further, we agree to abide by the restrictions noted on this form by our Physician.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Camper Signature

(Turn over)

