

Health History Form

Please complete and return this form by the first day of camp.
Mail to: Blithewold Summer Camp Form • 101 Ferry Road • Bristol, RI 02809

Parent or Guardian name(s) _____ Home Phone _____

Emergency Contact Name _____ Phone _____

Camper name _____ Date of Birth _____ Age _____

Operations or Serious injuries (with dates)

Chronic or recurring illness or medical conditions:

Dietary restrictions _____

Allergies (food, insects, plants, drugs) _____

Current medications _____

Medication to be administered at camp _____

Name of family physician _____ Phone _____

Do you carry medical/hospital insurance? Yes ___ No ___

If so, indicate: Carrier _____ Policy or Group # _____

Additional health information or anything else we need to know about your child:

Health History. *Please check and provide approximate dates, where appropriate:*

Frequent Ear Infections	_____	Hay Fever	_____	Chicken Pox	_____
Heart Defect/Disease	_____	Severe Allergy to Poison Ivy	_____	Mumps	_____
Convulsions	_____	Severe Allergy to Insect Stings	_____	Measles	_____
Diabetes	_____	Allergy to Penicillin	_____		
Hypertension	_____	Allergy to Other Drugs	_____		
Mononucleosis	_____	Asthma	_____		

“This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to act in the best interest of my child in the case of an emergency. Every effort will be made to contact a responsible adult. I also give permission for routine first aid care by the camp staff and grants permission for the staff to give the medical provider the name and policy number of the medical insurer.

I also give permission for the use of pictures, video, and statements by the campers in Blithewold promotional materials.”

Signature of parent or guardian _____ Date _____

Relationship to child _____