

**The Arc of Essex County**  
**Camp Hope Health History and Examination Form**  
(TO BE COMPLETED AND SIGNED BY A PARENT/GUARDIAN – REQUIRED FOR ATTENDANCE)

**\*A COMPLETE ANNUAL MEDICAL/PHYSICAL EXAMINATION AFTER JULY 2016 IS REQUIRED TO ATTEND CAMP\***

Name of Camper: \_\_\_\_\_

Camper's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

**ALLERGIES** (List all known)

Medication Allergies

Describe reaction and management of the reaction


Food Allergies


Other Allergies – Include plant, animal, insect, asthma, etc.


**RESTRICTIONS** (List all that apply)

Dietary \_\_\_\_\_

Activities \_\_\_\_\_


**(Over, please)**

## General Health Questions Camp Hope 2017

Does the camper have/had a history of:

	<u>Current</u>	<u>History</u>	<u>Explanation of Current Status</u>
A) Asthma	_____	_____	_____
B) Diabetes	_____	_____	_____
C) Frequent Colds	_____	_____	_____
D) Pneumonia	_____	_____	_____
E) Lung/Breathing Problems	_____	_____	_____
F) Seasonal Allergies/Other	_____	_____	_____
G) Ear Infections	_____	_____	_____
H) Frequent Headaches	_____	_____	_____
I) Serious Skin Problems	_____	_____	_____
J) Gum Problems	_____	_____	_____
K) Dental Problems	_____	_____	_____
L) Hypertension	_____	_____	_____
M) Heart/Circulatory Problems	_____	_____	_____
N) Stomach/Digestive Problems	_____	_____	_____
O) Kidney/Urinary Problems	_____	_____	_____
P) Pica (eats inedible objects)	_____	_____	_____
Q) Hepatitis B Carrier	_____	_____	_____
R) Seizure Disorder***	_____	_____	_____

\*\*\* Please complete the enclosed seizure form to provide the Camp Hope staff with details regarding the camper's seizure disorder.

To my knowledge this Health History Form is complete and accurate. The person herein described has permission to engage in all Camp activities except as noted.

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Signature of Parent/Guardian

Date