

Lincoln Park Summer Camp

Mandatory Camper Health History Form

Required as per N.J.A.C. 8:25-5.5

Camper's Name: _____ Date of Birth: _____

Address: _____

Gender: Male Female Height _____ Weight _____ Date of Last Exam: _____

Please check all that apply, provide necessary details. IF NONE OF THE BELOW APPLY, PLEASE WRITE N/A					Parent Notes:
	Ear Infections				
	Heart Defect/Disease				
	Convulsions/Seizures	Most recent occurrence: _____			
	Hypertension				
	ADD / ADHD				
	Chronic / Recurrent Illness				
	Diabetes	glucose testing?	Yes	No	
		on insulin?	Yes	No	
		pump or injection?	Yes	No	
	Asthma	use of inhaler?	Yes	No	
		able to self-administer?	Yes	No	
	Allergies: Please check all that apply & list reactions				
	Food				
	Insect Stings				
	Poison Ivy				
	Hay Fever				
	Other (please list)				
	Prescribed Epipen	Self-Administer	Yes	No	

Additional Health Information and Other Comments on the information above:

This child is under the care of a physician for the following reason(s) and current treatment, including medications:

Are there any activities that your camper should be exempted from for health reasons? Please explain:
