



# Health History Form

Phone (615) 298-9583 • Fax (615) 298-9565

Only one camper per form. Forms available online at [rec.fpcnashville.org](http://rec.fpcnashville.org)

*This form is to be filled out by the parent/guardian. You do not need a camp physical.  
This information is gathered only to assist in identifying appropriate care.*

Name: \_\_\_\_\_ Name Used: \_\_\_\_\_

School Attended: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Does your child have an IEP in his/her school? \_\_\_\_\_ Does your child have a behavioral plan in his/her school? \_\_\_\_\_

If yes is there a teacher we may call for reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Date of Immunization (or booster dates):**

*No child will be allowed to attend camp until immunization dates are submitted to Oak Hill Day Camp as they are an ACA Accreditation Requirement.*

Pediatrician/Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current medications and treatments:

_____ Tetanus (or DPT or TD)	_____ Oral Polio (Sabin)	_____ Measles
_____ Injectable Polio (Salk)	_____ Mumps	_____ Hoemophilus
_____ Hepatitis B	_____ Tuberculin test given ( <i>most recent</i> )	_____ Other

Any Seasonal or Medication Related Allergies? \_\_\_\_\_

Any Dietary Restrictions or Food Allergies? \_\_\_\_\_

Any physical limitations on camp related activities? \_\_\_\_\_

Please describe any Chronic, recurring illness, medical condition or emotional or behavioral difficulties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional Health Information that OHDC needs to be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: This Box must be completed in order to attend camp:**

This health history is correct as far as I know; and the person herein described has permission to engage in all prescribed camp activities except as noted.

*Authorization of Treatment:* I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above.

By signing this form, I am releasing FPC and all of its employees and volunteers from any liability as a direct or indirect result of the program,

Signature of Parent or Guardian:

Date: