

VAN DER ZWAAN SUMMER CAMP HEALTH FORM

*In order to participate in a Summer Camp, each participant must submit completed versions of this Health Form, which certifies that they are physically able to participate in camp activities, and the Assumption of Risk/Parental Permission Form. Participants who have not completed this form will not be permitted to participate in camp activities until they are received.*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle Initial Month/Day/Year

**Contact Information**

Parents/Guardians \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_  
Area Code & Number Area Code & Number

Home Address \_\_\_\_\_  
Number & Street City State Zip Code

If parents/guardians not available in emergency, notify:

1. \_\_\_\_\_ Phone \_\_\_\_\_  
Name (local contact)

2. \_\_\_\_\_ Phone \_\_\_\_\_  
Name

**Health History** (check, give any details you believe would be helpful)

Ear Infections _____	Chicken Pox _____	<u>Allergies:</u> Hay Fever _____
Rheumatic Fever _____	Measles _____	Poison Ivy _____
Convulsions _____	German Measles _____	Insect Sting _____
Diabetes _____	Mumps _____	Penicillin _____
Behavior _____	Asthma _____	Other? _____

Operations or Serious Injuries (dates/description) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Other Diseases or Details re: Above

Please List Any Food Allergies or Restrictions:

\_\_\_\_\_

This health form is correct as far as I know, and my child/ward has permission to engage in all camp activities, except as noted herein by me. In the event that I cannot be reached in an emergency, I hereby give the administrators of the Van Der Zwaan Studio and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well being of my child/ward, including hospitalization, injections, anesthesia and/or surgery. I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the Summer Camp, as deemed necessary by the staff of the Van Der Zwaan Studios.

Signature of \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_