TURNING BACK THE PAGES DAY CAMP
CAMPER HEALTH FORM

Camper Name:_____ Age: ____ Grade This Fall:____

Address:_____ Home/Cell Phone:_____

City:_____State:_____Zip:_____

Email: _____

Camper Health History: (please answer yes or no)

Is this child's health generally good: ____

Is the child subject to:

Colds: _____ Poison Ivy, Oak, Sumac: _____

Bee sting allergy; _____ If yes, please explain:

_____

Ear problem: _____Sinus: _____Convulsions: _____Fainting Spells: _____

Asthma attacks: _____ If yes, please explain: _____

_____

Food allergies (please list):_____

Has the child had:

Hernia: _____ Appendicitis: _____Tonsillitis:_____

Heart disease: _____ Rheumatic Fever: _____ Is child easily upset or nervous? _____

Please list any medication to which the child has shown an allergic reaction:

_____

Turning Back the Pages Camp is held during the first full week of August and is located at the Meridian Historical Village. Camp is in session from 9am to 12:00 noon. Children should be dropped off and picked up in front of the Schoolhouse.

Parent Signature: _____ Date: _____