

SONS OF NORWAY THIRD DISTRICT YOUTH CAMP CAMPER'S HEALTH EXAMINATION FORM FOR GIRLS AND BOYS

Please complete this form and present it at registration time.
NO CHILD WILL BE PERMITTED TO ATTEND CAMP WITHOUT THIS FORM COMPLETED.

Child's Name _____ Birth date _____ Age _____

Parent/Guardian Name _____ Phone (____) _____

Address _____
Street City State Zip

Business Phone (____) _____

If not available in an emergency notify:

1. Name _____ Phone (____) _____

Address _____
Street City State Zip

2. Name _____ Phone (____) _____

Address _____
Street City State Zip

HEALTH HISTORY

Check all the appropriate boxes and provide dates:

- | | | |
|--|--|---|
| <input type="checkbox"/> Frequent Colds _____ | <input type="checkbox"/> Kidney Trouble _____ | <input type="checkbox"/> Poliomyelitis _____ |
| <input type="checkbox"/> Frequent Sore Throats _____ | <input type="checkbox"/> Bed Wetting _____ | <input type="checkbox"/> Whooping Cough _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Heart Trouble _____ | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Sinusitis _____ | <input type="checkbox"/> Convulsions _____ | <input type="checkbox"/> Diabetes _____ |
| <input type="checkbox"/> Abscessed ears _____ | <input type="checkbox"/> Athletes Foot _____ | <input type="checkbox"/> Tuberculosis _____ |
| <input type="checkbox"/> Bronchitis _____ | <input type="checkbox"/> Sleepwalking _____ | <input type="checkbox"/> Operations _____ |
| <input type="checkbox"/> Fainting _____ | <input type="checkbox"/> Constipation _____ | <input type="checkbox"/> Serious Injury _____ |
| <input type="checkbox"/> Stomach upsets _____ | <input type="checkbox"/> Chicken Pox _____ | |
| <input type="checkbox"/> German measles _____ | <input type="checkbox"/> Measles _____ | <input type="checkbox"/> Girl has menstruated _____ |
| <input type="checkbox"/> Serious Ivy/Oak/Sumac Poisoning _____ | <input type="checkbox"/> Girl has been told about menstruation _____ | |

Allergic Reactions: Animals Food Insect stings Drugs None to my knowledge
Details: please be specific: _____

List any specific activities to be restricted _____

In case of accident:

Insurance Plan: _____

Insurance number: _____

Please bring your signed insurance form along with this form.

The camp administration and the physicians selected by it have our permission in emergencies to take whatever action is deemed necessary in our child's best interest.

Signature of Father/guardian

Signature of Mother/guardian

Date

ADMINISTERING MEDICINES BROUGHT TO CAMP

I request the nurse to see that my child _____ receives, as directed, the following medication which s/he has brought from home and labeled as follows:

Name of Medication: _____

Directions: _____

Prescribed by: _____

The camp nurse has my permission to give my child Tylenol as needed: yes no

Signature of Parent/Guardian

All medication, including over the counter medicine (Tylenol, aspirin, etc.) should be labeled with your child's name and left with the camp nurse.

Canoeing is one activity at camp. These trips cost a small additional fee. The children are taken in small groups to a spot on the Delaware River or to an area lake. You know your child best, so we are asking you to give permission for these trips.

By signing here, I give my permission for my child to go canoeing.

Signature of Parent/Guardian

Privacy laws require that we obtain your permission to publish pictures taken at camp which may be submitted for publication in Third District Today, Viking Magazine or the S/N website.

_____ I give my permission to have any pictures of my child which may be taken during youth camp while engaged in camp activities to be published in Sons of Norway publications and website.

_____ I request that my child not be included in any pictures which may be taken during Youth Camp and published in any Sons of Norway publication or its website.

Signature of parent or guardian