

Technique Swim Camp Summer 2012**Health Fact Sheet: Part A – To be completed by Legal Guardian****Camper Information**

Child's Name _____

Home Address _____ City _____

Date of Birth _____ Place of Birth _____ US Citizen? Yes _____ No _____

Parent/Guardian Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Alternate Emergency Contact Information

Name, Address, Phone # _____

Pediatrician's Name, Address, Phone # _____

Insurance Carrier Name _____ Policy Number _____

Please accurately complete the following questions.**Inhaler:** If your child uses an inhaler, do you give him/her permission to keep the inhaler with him/her at the Technique Swim Camp and to use it as needed? Yes _____ No _____ Not Applicable _____**Epi-Pen:** Will you be registering an Epi-Pen for your child on the first day of camp? Yes _____ No _____

My child is capable of administering the Epi-Pen without assistance _____ My child will need adult assistance _____

Allergies: My child is allergic to _____

Severity of reaction is _____ and the symptoms include _____

Medication: My child takes the following Medication (other than Inhaler or Epi-Pen)

Medication	Medical Condition	Amount per dose	# of doses per day
_____	_____	_____	_____
_____	_____	_____	_____

Will the medication need to be administered at camp? Yes _____ No _____

(If yes, you must complete and sign an Authorization to Administer Medication form in addition to this form. The form can be found on our website)

Agreement

By reading and signing the following Agreement, I/we (hereafter referred to as "I") confirm my understanding of my child's participation in the Technique Swim Camp for one or more weekly sessions during the summer of 2012.

-My child is physically able to participate in the Technique Swim Camp and has no medical condition, which would affect his/her participation.

-I will be fully responsible for all medical expenses incurred by my child while attending the Technique Swim Camp.

-I grant the Technique Swim Camp the right to take appropriate action for my child's health and safety and to obtain the necessary medical assistance.

-I understand that, with the exception of an extreme emergency, no procedure will be performed without my being contacted and fully informed.

-I grant the Technique Swim Camp the right to administer medication, which I provide, as indicated above.

-I have read and freely sign this agreement, which shall take effect as a sealed instrument.

-I verify that the information on this Health Fact Sheet is accurate.

Print Name _____ Signature _____ Date _____

Technique Swim Camp Summer 2012

Health Fact Sheet: Part B – Childhood Illness History

To be completed by the Child's Primary Care Physician.

(Note: A standard physician's Camp Form will be accepted provided it contains the following information)

Child's Name _____ Child's Date of Birth _____

Immunization History

	Date	Date	Date	Date
DPT				
DT				
Polio				
MMR				
HB-Conjugate				
Varivax				
Hep A				
Hep B				
Other				

TB Screen: No Risk _____ At Risk _____

If at risk, TB/PPD applied on ____/____/____ Positive _____ Negative _____

History of Reaction to food, serum, drugs or medicine: No ____ Yes ____ Explain _____

Date of Physical Exam _____ Sex _____ Age _____ Height _____ Weight _____ BP _____

#	System	Satisfactory	Unsatisfactory	Describe Abnormality
1	Skin			
2	Eyes			
3	Ears			
4	Nose, Throat			
5	Neck, Thyroid			
6	Chest, Breast, Lungs			
7	Heart Rate			
8	Heart Rhythm			
9	Liver, Kidneys, Spleen			
10	Hernia			
11	Back, Spine			
12	Joints			
13	Neurological			

The following abnormalities should be noted: _____

Please indicate any medications taken and how many times per day _____

The patient does ____ does not ____ have a history of emotional, psychological, or psychiatric disturbance.

The patient may participate in camp activities: without restrictions ____ with the following restrictions ____

Restrictions: _____

Primary Care Physician Information:

Name _____ Address _____

Signature _____ Date _____ Phone _____