

4-H Camp at Camp Tecumseh
Camper Health Form
Carroll County

Camp Dates: June 5-7, 2019

Cabin Number _____

Complete and return to the _____ County Extension Office.

Name _____ Birthdate _____ Sex _____ Age _____
last first

Parent or Guardian _____ Phone (____) _____

Home Address _____
street & number city state zip

Business Name & Address _____ Phone (____) _____
street & number city state zip

If not available in an emergency, notify:

1. _____ Phone () _____
name
street & number city state zip

2. _____ Phone () _____
name
street & number city state zip

Health History (check-giving approximate dates) To be filled out by PARENT.

Frequent Ear Infections	_____	Allergies	_____	Diseases	_____
Heart Defect/Disease	_____	Hay Fever	_____	Rheumatic Fever	_____
Convulsions	_____	Poison Ivy, etc.	_____	Chicken Pox	_____
Diabetes (onset)	_____	Insect Stings	_____	Measles	_____
Bleeding/Clotting Disorders	_____	Penicillin	_____	German Measles	_____
Epilepsy (onset)	_____	Other Drugs	_____	Mumps	_____
Tonsillitis	_____	Foods	_____	Asthma	_____
Other diseases or details above	_____			Strep Throat	_____
				Mononucleosis	_____

Operations or serious injuries (dates) _____

Chronic or recurring illness _____

(For Girls) Has this person menstruated? _____ If not, has she been told about it? _____ If so, is her menstrual history normal? _____ Special considerations: _____

(over)

