



Return to: **Camp Crosse**
132 Anza Street
San Francisco, CA 94118

Health History and Examination Record
(This side filled out by parent/guardian)

Camper Name:		Age:
Parent/Guardian:		
Home address:		
Home phone:	Cell phone:	
Email:		
Emergency contact:	Emergency phone:	
Emergency address:		

Health History:	
Has the camper ever had:	
Asthma:	Allergies:
Chicken Pox:	Hay Fever:
Diabetes:	Poison Oak:
Ear Infections:	Insect Stings:
Heart Problems:	Penicillin:
Mononucleosis:	Dietary Modifications:

Operations, serious injuries or fractures (dates):

Current medications:

Please attach photocopy of insurance policy card verifying camper's coverage:

Carrier: _____

Policy or Group #: _____

Health Care Recommendations by Licensed Physician

I have examined the above camp applicant within the past two years. Date: _____

In my opinion the camper's condition **does/does not** preclude his participation in an active camp program.

The applicant is under the care of a physician for the following conditions:

Current treatment (include medications):

Does applicant have seizures?: **Yes/No**

Does applicant have diabetes?: **Yes/No**

Recommendations and Restrictions While at Camp

Any treatment to be continued at camp: _____

Any allergies: _____

Additional health information: _____

Licensed Physician or PNP Signature:	Date:
Address:	
Phone:	