



Camp Crosse
Return to: 1421 Sir Francis Drake Blvd.
San Anselmo, CA 94960

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

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|--------------------|------------------|------|
| 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: | |