

# CHRISTIAN CAMP FOR THE DEAF, INC.

## *Medical History of the Camper (2011)*

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Emergency Call: Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

**Immunization Record: (Mark down and give accurate or approximately dates:)**

( ) Tetanus \_\_\_\_\_ ( ) Polio \_\_\_\_\_

( ) Typhoid \_\_\_\_\_ ( ) Measles \_\_\_\_\_

**Previous Illness: (Mark down and give accurate or approximately dates:)**

( ) Chicken Pox \_\_\_\_\_ ( ) Measles \_\_\_\_\_ ( ) Mumps \_\_\_\_\_

( ) Diphtheria \_\_\_\_\_ ( ) Scarlet Fever \_\_\_\_\_ ( ) Whooping Cough \_\_\_\_\_

( ) Rheumatic Fever \_\_\_\_\_ ( ) Typhoid Fever \_\_\_\_\_ ( ) Pneumonia \_\_\_\_\_

( ) Bronchitis \_\_\_\_\_ ( ) Sinus Infection \_\_\_\_\_ ( ) Ear Infection \_\_\_\_\_

**Is Camper Subject to:**

( ) Abdominal Pains \_\_\_\_\_ ( ) Ear Trouble \_\_\_\_\_ ( ) Bed Wetting \_\_\_\_\_

( ) Diarrhea \_\_\_\_\_ ( ) Headache \_\_\_\_\_ ( ) Nightmares \_\_\_\_\_

( ) Frequency \_\_\_\_\_ ( ) Allergies \_\_\_\_\_ ( ) Sleep Walking \_\_\_\_\_

( ) Sore Throat \_\_\_\_\_ ( ) Fainting Spells \_\_\_\_\_ ( ) Temper Tantrums \_\_\_\_\_

Constipation (Remedy?) \_\_\_\_\_ ( ) Dizzy Spells \_\_\_\_\_ ( ) Asthma \_\_\_\_\_

**List any medication the camper is currently taking:** \_\_\_\_\_

**Others, remarks and/or special instruction regarding above:** \_\_\_\_\_

**Limitations in camp activities: (e.g., swimming, hiking, athletics, etc.)** \_\_\_\_\_