2026 Camper Health History Form

Camper Health History Form

This is a required form for American Camp Association accreditation. HW-2,5,7,9,10,20,23,25; PD-13; PT-9, 10

Camp Site:
(Select only one option)

- ☐ Hicks
- ☐ Jane A Malone
- ☐ Lacy
- ☐ Owen
- ☐ Reed
- ☐ WaterWorks
- ☐ Whiteside

Camper Name (Required): _____

Birthdate (Required): _____

Age (Required): _____

Gender (Required):
(Select only one option)

- ☐ Male
- ☐ Female

Parent/Guardian Name (Required): _____

Home Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

Mother's/Guardian's Primary Phone (Required): ( ) -

Mother's/Guardian's Secondary Phone: ( ) -

Father's/Guardian's Primary Phone (Required): ( ) -

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Father's/Guardian's Secondary Phone: ( ) -

Emergency Contact Name (Other than Parent/Self) (Required):

This information will be used in the event you are not available. This person should be someone who can reach you and/or act for you in an emergency situation. Please inform this person of their responsibility.

Emergency Contact Address (Required):

Street:

Address Line 2:

City, State, Zip:

Emergency Contact Primary Phone (Required): ( ) -

Emergency Contact Secondary Phone: ( ) -

Medical Insurance (Required):

Policy #:

Family Physician (Required):

Physician Phone Number (Required): ( ) -

Family Dentist (Required):

Dentist Phone (Required): ( ) -

Medical History

Please check any and all applicable:

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- ☐ Chicken Pox
- ☐ German Measles
- ☐ Ear Infections
- ☐ Mumps
- ☐ Nose Bleeds
- ☐ Measles
- ☐ Heart Defect
- ☐ Seizures
- ☐ Bleeding Disorders
- ☐ Asthma
- ☐ Emotional Disturbance
- ☐ Diabetes
- ☐ Muscular/Skeletal Disorders
- ☐ Other

If Other, please explain:

Allergies? Please check any and all applicable:

- ☐ Animals
- ☐ Hay Fever
- ☐ Pollen
- ☐ Insect Stings
- ☐ Medicine/Drugs
- ☐ Foods
- ☐ Other

If Other, please explain:

List Food Allergens, if applicable: _____

Date of last tetanus shot (Required): _____

Date of Hepatitis B shot (Required): _____

Date of last health examination (Required): _____

Any current physical or mental health conditions requiring medication (Required): _____

If none please put N/A.

Previous medical treatment: _____

Special Restrictions/Conditions (Required): _____

If none, please put N/A.

CAMP IS DRUG-FREE SITE

All medications (non-prescription and prescription) must be labeled clearly with instructions for use or have a doctor's letter of need. This requirement includes ALL medication including Aspirin. Staff may dispense medication ONLY if the parent leaves the medication. ALL campers' medication will be kept in locked storage in the office or refrigerator.

If my child is ill or has been exposed recently to a contagious disease, I will **not**

allow him/her to attend camp. This health history is correct and I have supplied complete and accurate information and know of no reason why my child should not attend camp. My child has permission to engage in all prescribed activities, except as noted by me. I also attest that all immunizations required for school are up to date.

Signature (Required): _____

EMERGENCY TREATMENT OPTIONS

Choose One

YES: ☐ I give Permission

I give permission for my child to receive first-aid care while attending camp. Should it become necessary for her/him to receive professional medical, surgical or dental treatment, I authorize camp personnel to give the necessary "parental consent" in our stead for a licensed physician, surgeon or dentist to administer treatment when they deem necessary including emergency transportation, hospitalization and surgery. I understand that every effort will be made to contact me immediately upon discovery of an emergency. I further agree to take full financial responsibility for all expenses that might be incurred, and give permission for the release of any records necessary for treatment, referral, billing or insurance purposes. This consent is given in advance of any specific diagnosis or treatment required.

Signature: _____

Date: _____

NO: ☐ I do NOT give consent to medically treat.

Signature: _____

For religious or other reasons, I do not give consent for emergency medical care; I take full responsibility for this action. Attached instructions are to be followed in the case of a medical emergency.

Date: _____

Please bring a copy of your child (ren)s immunization record(s) with you on the first day of camp.

Immunization Exemption

I request that the above named child be exempted from the immunizations required for attendance at Tulsa Parks Day Camps.
The reason for this request is as follows:

Immunization Record Exemption Reason: _____

To the best of my knowledge and belief, my child is and has been in normal good health and is free from all communicable or contagious disease.

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Signature: _____

Date: _____