

# FCDC CAMP HEALTH FORM

**THIS FORM MUST ACCOMPANY CAMPER'S APPLICATION  
IMMUNIZATION RECORD FORM Must Be Attached**

CAMPER: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last First Middle Initial Grade in School: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip Code

Father's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**IF PARENT IS NOT AVAILABLE IN AN EMERGENCY, PLEASE CALL OR NOTIFY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City Zip Code Relationship

Physician's Name: \_\_\_\_\_ Phone Number:(\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip Code



**HEALTH HISTORY:** (Please check and provide approximate dates)

- Ear Infections \_\_\_\_\_  Hay Fever \_\_\_\_\_  Chicken Pox \_\_\_\_\_
- Ivy Poisoning, etc. \_\_\_\_\_  Measles \_\_\_\_\_
- Convulsions \_\_\_\_\_  Insect Stings \_\_\_\_\_  German Measles \_\_\_\_\_
- Diabetes \_\_\_\_\_  Penicillin \_\_\_\_\_  Mumps \_\_\_\_\_
- Behavior \_\_\_\_\_  Other Medications \_\_\_\_\_  Asthma \_\_\_\_\_

Operations or serious injuries \_\_\_\_\_

\*\*\*\*\* **PLEASE SIGN BELOW** \*\*\*\*\*

Chronic or recurring illnesses \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Any specific activities to be encouraged or restricted? \_\_\_\_\_

Important: Please notify the camp if this camper is exposed to any Communicable disease during the three weeks prior to camp attendance.

**IMMUNIZATION FORM FROM PHYSICIAN  
Must be attached (can be within 2 years  
of end of your child's session.**

**CAMP FAX # 508-533-0567**  
**www.franklincountrydaycamp.com**

**This Form must accompany Camper Application with PARENT AUTHORIZATION SIGNED BELOW. We cannot accept any child (per Franklin Board of Health) without Immunization form and this form signed and dated with the current year.**

**Parent's Authorization**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician.

In the event I cannot be reached, or the above attending physician cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

PLEASE REMEMBER YOUR  
**CHILD'S IMMUNIZATION RECORD**  
FROM YOUR DOCTOR  
**MUST BE ATTACHED TO THIS FORM**  
(CAN BE DATED WITHIN 2 YEARS OF YOUR CHILD'S CAMP  
SESSION)

Suggestions or information from parent:

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