

<p>This side to be filled in by physician after review of health history with parent/guardian.</p> <p>Health Examination:  Date of Examination _____  Height _____ Weight _____ B.P. _____  Appearance - Nutrition _____  Without Glasses _____ With Glasses _____  Eyes R 20/ _____ L 20/ _____ R 20/ _____ L 20/ _____  Ears _____ Hearing R _____ L _____</p> <p>Code: Satisfactory <input checked="" type="checkbox"/>  Not Satisfactory <input checked="" type="checkbox"/>  Not Examined <input type="checkbox"/></p> <p>Nose _____  Throat _____  Teeth _____  Heart _____  Lungs _____  Abdomen _____  Genitalia _____  Hernia _____  Skin _____  Musculoskeletal _____  General physical and emotional status _____  Urinalysis* _____ HGB* _____  Other notes _____</p> <p>_____  _____  _____</p> <p><small>*Not required for every health examination. A Daisy, Brownie, or Junior Girl Scout should have the test if she has not already had it, either when entering school or at any time since. A Cadette or Senior Girl Scout should have this test if she has not had it since entering puberty.  **Adult tetanus-diphtheria toxoid  ***Haemophilus influenza b</small></p>	<p><b>This side is necessary for Resident Camp programs only.</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Record of Immunizations: Immunization</th> <th style="width:20%;">Year Primary Series Completed</th> <th style="width:30%;">Year Of Last Booster</th> </tr> <tr> <td>D.T.P.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Diphtheria</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Pertussis (whooping Cough)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Tetanus</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Td**</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Oral Polio</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Measles</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Mumps</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Hib***</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Hbpv***</td> <td>_____</td> <td>_____</td> </tr> </table> <p>Tuberculin test  Type _____  Year last given _____  Result _____</p> <p>Other _____</p> <p>Physician's Comments and recommendations  Give details or indicate management of significant illnesses.</p> <p>_____  _____  _____</p> <p>This person is in Satisfactory condition and may engage in all usual activities except as noted.  Licensed physician's name _____  Licensed physician's signature _____  Address _____  City _____ State _____ Zip _____  (area Code) Phone _____ Date _____</p>	Record of Immunizations: Immunization	Year Primary Series Completed	Year Of Last Booster	D.T.P.	_____	_____	Diphtheria	_____	_____	Pertussis (whooping Cough)	_____	_____	Tetanus	_____	_____	Td**	_____	_____	Oral Polio	_____	_____	Measles	_____	_____	Mumps	_____	_____	Hib***	_____	_____	Hbpv***	_____	_____
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### Pixie & Tadpole Registration Form for Day Camp

Child's Name \_\_\_\_\_ Age During Camp \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
mm/dd/yyyy

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I understand that my child is to attend camp only on the days that I am working. I understand that my child must stay in his or her assigned area all day and will not be allowed to follow me around camp while I am volunteering. My child understands to the best of their ability that he or she must follow all camp rules and regulations.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

If your child is on any medication during camp, you must label it properly and give it to the health care supervisor who will administer it at the proper time.

### Adult Health History Form (Pg 2)

Prescription Meds you are on or have been on in the last 3 months \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any health conditions requiring medication, treatment, special restrictions, or considerations while at day camp.

\_\_\_\_\_  
\_\_\_\_\_

#### HEALTH INFORMATION PRIVACY STATEMENT

All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical information will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with staff/volunteers in order to provide adequate safety and health care.

I give permission for the adult in charge to take me or have me transported to a medical facility, if necessary. In case of emergency, if none of the emergency contacts above can be contacted, I consent to treatment for myself under the supervision of and as deemed advisable by a licensed physician. I agree to the release of any records necessary for the treatment, referral, billing, or insurance purposes. I also agree to be financially responsible for all expenses associated with providing medical care for myself.