

Expeditions Unlimited

CAMP HEALTH EXAMINATION FORM FOR CHILDREN, YOUTH AND ADULTS

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

Name: _____ Birthdate: _____ Gender: ___ M: ___ F: ___ Age: _____
Last First M. Init.

Name of Parents/Guardians (or spouse): _____ Phone: (____) _____

Home Address: _____
Street City State Zip

Email Address: _____

Check here if you do not wish to receive further mailings from Expeditions Unlimited.

If not available in an emergency please notify:

1. _____ Phone: (____) _____
Name Relationship
2. _____ Phone: (____) _____
Name Relationship
3. _____ Phone: (____) _____
Name Relationship

Check all that apply, giving approximate dates

Health History	Allergies	Diseases	Date
____ Frequent Ear Infections	____ Hay Fever	____ Chicken Pox	_____
____ Heart Defect/Disease	____ Poison Ivy, etc.	____ Measles	_____
____ Convulsions	____ Insect Stings	____ German Measles	_____
____ Diabetes	____ Penicillin	____ Mumps	_____
____ Bleeding/Clotting Disorders	____ Other Drugs	____ Asthma	_____

Allergies (describe reactions/treatment): _____

Operations or serious injuries and dates: _____

Chronic or recurring illnesses: _____

Dentist/Orthodontist: _____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

Medical/Health Insurance Company: _____ Policy or Group #: _____

IMPORTANT: Please notify Expeditions Unlimited if this individual is exposed to any communicable disease during the three weeks prior to attending the trip.

Additional Notes/Comments: _____

IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE

Parental Authorization. This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities. In the event of an emergency, I hereby give permission to the physician selected by the Expeditions Unlimited staff to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I also give permission to the physician selected by the Expeditions Unlimited staff to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child as named above.

Parental Signature: _____ Date: _____