



# FCBC SUMMER DAY CAMP HEALTH FORM 2010

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Immunizations: (Most recent booster) (or a copy of record)

Polio Booster Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

DPT Booster Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

**Has your child had any of the following listed below:**

- |                      |                       |                     |
|----------------------|-----------------------|---------------------|
| _____ Chicken Pox    | _____ Rheumatic Fever | _____ Colds         |
| _____ Measles        | _____ Sinus Trouble   | _____ Headaches     |
| _____ German Measles | _____ Ear Infection   | _____ Fainting      |
| _____ Mumps          | _____ Tonsillitis     | _____ Constipation  |
| _____ Scarlet Fever  | _____ Appendicitis    | _____ Upset Stomach |
| _____ Diphtheria     | _____ Asthma          | _____ Skin Rash     |
| _____ Heart Trouble  | _____ Hay Fever       | _____ Nosebleeds    |

**Other** \_\_\_\_\_

Comments (List those things that are chronic or those that the child has recently contracted):

Allergic Reaction (Please List All):

Food (Name) \_\_\_\_\_

Bee Sting, Mosquito, etc. \_\_\_\_\_

Drugs (i.e. penicillin, etc.) \_\_\_\_\_

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

Has child received medical treatment during the past year? \_\_\_\_\_ if yes, when \_\_\_\_\_

Reason \_\_\_\_\_

Does child take any medication at present? \_\_\_\_\_ If so, what? \_\_\_\_\_

Reason \_\_\_\_\_

**Note:** Staff will not be responsible for administering any type of medication – there will be no exceptions.

Should anything happen to the child that would alter this health history report, please call the office immediately.

Swimming Ability:    Cannot Swim \_\_\_\_\_    Had Lessons \_\_\_\_\_  
Beginner \_\_\_\_\_    Intermediate \_\_\_\_\_    Advanced \_\_\_\_\_

**PLEASE USE AN ADDITIONAL SHEET OF PAPER TO ADD ANY OTHER INFORMATION YOU FEEL WE NEED TO KNOW**