

HEALTH HISTORY

Sky Lodge Christian Camp ♦ N4855 County Road Y ♦ Montello, WI 53949
 Phone: 608-297-2566 ♦ Fax: 608-297-7080 ♦ E-mail: skylodgecamp@gmail.com ♦ Web Site: www.skylodge.org

To be completed by Parent or Guardian every year.

Name _____ Sex _____ Date of Birth _____
 Age _____ Grade in Fall '18 _____ Weight _____ Height _____

Personal History (Give approximate age at which these conditions occurred.)

Allergies _____	Kidney trouble _____	Rheumatic Fever _____
Appendicitis _____	Measles; regular _____	Venereal disease _____
Asthma _____	Measles; German _____	Seizures _____
Chicken Pox _____	Scarlet fever _____	Tonsillitis _____
Mumps _____	Whooping cough _____	Tuberculosis _____
Heart trouble _____	Muscle or _____	Diabetes _____
Hearing problem _____	nerve disorder _____	Other _____
	Pneumonia _____	

Allergies to any medications _____

Other allergies _____

Operations or injuries _____

History of emotional or behavioral disturbance _____

Special conditions to be watched for, such as bed wetting, fainting, sleep walking, etc. _____

List the kind and purpose of all medications camper is bringing with him/her. _____

Has girl been told about menstruation? Yes No Has girl menstruated? Yes No

The Camp Health Supervisor will be dispensing over the counter drugs (such as Tylenol, cough drops) if needed. Are there any over the counter drugs that your child should not receive? _____

Name of Health Insurance Company _____

Policy # _____ Name of Insured _____

Immunization Record	DPT	Adult Tetanus	Polio	MMR	Hib	Hep b	Varicella (chicken pox)	Other
Date of initial immunization completed								
Date of most recent booster								

In an emergency, I hereby give permission to the licensed physician selected by Sky Lodge Christian Camp to hospitalize, secure proper treatment, anesthesia, or surgery for my child named on the form. I also consent to routine non-surgical medical care.

Signature of parent/guardian _____ Date _____

Home phone _____ Mom's cell _____ Dad's cell _____

Address _____ City _____ State _____ Zip _____

Another emergency contact name and phone _____