

Health History

Our Camp Directors refer to this sheet prior to your child's attendance in our camps. This helps them familiarize themselves with your child and any accommodation that may need to be made.

1. Past Illnesses: Mark any illnesses that your child has had with approximate dates.

YES	NO	ILLNESS	DATE
		Asthma	
		Diabetes	
		Chicken Pox	
		Epilepsy	
		Hay Fever	
		Measles (3 days)	

YES	NO	ILLNESS	DATE
		Measles (10 days)	
		Mumps	
		Poliomyelitis	
		Rheumatic Fever	
		Whooping Cough	

2. Serious/Severe Illness/Accidents? No ___ Yes ___ (If yes, please explain)

3. Does your child have any diet/food restrictions? No ___ Yes ___ (If yes, please explain)

4. Is your child diabetic and/or require special medical attention? No ___ Yes ___ (If yes, please explain and contact the Recreation Coordinator, bdelossantos@carmichaelpark.com, for a more detailed correspondence).

5. What is your overall evaluation of your child's health?

6. All children must be able to use the bathroom without assistance to attend the program. Does your child have any difficulties using the bathroom? No ____
Yes ____ (If yes, please explain)

7. Does your child tire easily? No ____ Yes ____ (If yes, please explain)

8. How does your child get along with parents, siblings, and other children?

9. How does your child handle group experiences?

10. Does your child have any special needs? No ____ Yes ____ (If yes, please explain)

11. What is your overall evaluation of your child's personality?

12. Extra comments?
