

# HOWARD COUNTY CENTER FOR THE ARTS Camper Health History Form – 2010

Please fill out all appropriate information. Incomplete forms will not be accepted. A separate form must be filled out for each child.

CHILD'S NAME \_\_\_\_\_

### REQUIRED IMMUNIZATIONS

All campers must be current on all immunizations, unless they provide a written statement from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons. In instances of the latter, use the Maryland Department of Health and Mental Hygiene Immunization Certificate.

- A. Date (month and year) of camper's last tetanus (or DTP) shot \_\_\_\_\_
- B. Is camper currently enrolled in a Maryland school, public or private? Yes\_\_\_ No\_\_\_  
School Name: \_\_\_\_\_
- C. If (B) is no, furnish a record of immunizations for diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German measles), and mumps.
- D. Is camper exempt from immunization on medical or religious grounds? Yes\_\_\_ No\_\_\_
- E. If (D) is yes, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate.

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**HEALTH INFORMATION** Are there any special needs, medical conditions, or behavioral conditions that we need to be aware of to ensure that your child's camp experience is positive? Check any that apply and give more information as needed. Information will be shared with staff on an as-needed basis to maintain camper safety.

- |                                                          |                                                              |
|----------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Good general health             | <input type="checkbox"/> Seizure                             |
| <input type="checkbox"/> Allergy, food or other          | <input type="checkbox"/> Behavioral issue                    |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Significant mental health condition |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Prescription medication*            |
| <input type="checkbox"/> Other chronic health conditions | <input type="checkbox"/> Other medication*                   |

\*Please note that a Medication Order Form is required for all prescription and non-prescription medication self-administered or administered by staff at camp. Please call 410-313-2787 for a form or information.

Explain: \_\_\_\_\_

\_\_\_\_\_