

Future Stars Day Camps 2022 Health Form

Important: This form must be completed within one year prior to camp and signed by parent or guardian before the child may begin camp. **Mail to: 1370A Majors Path PO Box 1576, Southampton NY 11968 Fax: 631-287-8633 or Email: info@futurestarsouthampton.com**

Camper's Name: _____ Age: _____ Birthdate: _____ Sex: _____
 Parent 1: _____ Parent 2: _____
 Home Phone: _____ Work Phone(s): _____
 Cell Phone(s): _____
 Address: _____ City: _____ State: _____ Zip: _____

If not available in emergency, please notify:

Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Medical Insurance/Medicaid Number: _____

Health History/ Is the health of the camper, in general, good? _____ Yes _____ No

Immunization History/Please list date(s) for the following or attach immunization records:

Diphtheria _____ Mumps _____ Rubella _____ Measles _____
 _____ Polio _____ Tetanus _____ Hepatitis B _____
 Varicella (Chicken Pox) _____ Haemophilus Influenza Type B _____
 Doctor's Name _____ Phone Number _____

Allergies or Sensitivity/Is the camper subject to any of the following conditions?

Rheumatic Fever	Behavior Problem	Penicillin	Mumps
Sinus Trouble	Drug Allergies	Hay Fever	Asthma
Ear Infection	Fainting Spells	Chicken Pox	Other:
Convulsions	Ivy Poisoning	German Measles	
Diabetes	Insect Stings	Measles	

Operations or Serious Injuries (Dates): _____

Chronic or Recurring Illness: _____

Other Diseases: _____

Please provide any other additional information and/or physical limitations that you want the Camp Director to be aware of

Parent/Guardian Authorization

If This health history form is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, the camper has any physical or medical problems or is on medication the office and the Camp Director must be notified, except as noted by the examining physician and me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature _____ **Date** _____

(Must be signed)