

Trinity Summer Camp 2010 – Health Inventory Form
(To be completed by parent)

CAMPER NAME _____ (please print)
BIRTH DATE: _____ Sex: M ___ F ___ Grade-Fall _____
Child resides with: ___ Both Parents ___ Mother ___ Father ___ Joint Custody
Other: _____ Relationship to child: _____

EMERGENCY INFORMATION:

Mother's Name: _____ Daytime Phone _____
Father's Name: _____ Daytime Phone _____
Additional Emergency Contact: _____ Phone _____
Pediatrician Name: _____ Phone _____

DATE OF LAST TETANUS IMMUNIZATION: _____ (REQUIRED)

LIST ANY ALLERGIES: _____

Describe Reaction: _____
Treatment: _____ Date Last Episode _____

PLEASE LIST ALL PAST AND PRESENT MEDICAL – SURGICAL – DEVELOPMENTAL
BEHAVIORAL - PSYCHOLOGICAL HISTORY: _____

MEDICATION: IS CHILD ON ANY MEDICATION? Yes / No

Name of Medication Taken and for what purpose: _____

Will child require medication to be taken at camp? Yes / No

IF YES – Medication Form Must Be Completed – Contact Director

Except as stated above, camper is in good health and is capable of participation
in a full camp program without restrictions: _____yes _____no

IMMUNIZATION INFORMATION – Please check one:

____ Child is currently enrolled in a Maryland Public or Private School. (Records
not required) Name of School: _____

____ Child is entering school for the first time in fall, Child is Home Schooled or
is enrolled in a school outside of the State of Maryland. **(ATTACH A COPY OF
CHILD'S IMMUNIZATION RECORDS)**

(Parent or Guardian Signature)

(Date)