SUMMER 2012
Health Examination Form

Child's Name:__________________________

In case of emergency, notify__________________________

BEST Phone __________________ Home Phone:__________________________

Health and Accident Insurance Company:__________________________

Policy Holder:__________________________ Policy No.:__________________________

Enclose specific instructions on procedures staff of Learn2Serve should use in case of an emergency.

Health History
Has your child experienced any health problems? _______ Yes ______ No

If yes, please specify. __________________________________________________________________________

__________________________________________________________________________________________

Allergies: If yes, please specify. _______________________________________________________________________

Has your child been exposed recently to any communicable disease? Yes______ No____

Explain: _______________________________________________________________________________________

You must notify the camp if this occurs.

Does your child take medication for any reason? Yes______ No____

If so, please explain reason, dosage, and time of administration. Does he/she administer these medications independently? If not, what kind of help is needed? Explain__________________________

Has your child been evaluated or received treatment or counseling by a psychologist or physician for an emotional, attention or behavior problem? Include copies of any evaluations or reports that are relevant to your child’s learning or participation in this program.

Do you have any concerns about your child's health? (Please add a separate statement, if necessary.)

I certify that this health history is accurate and complete. My child, ________________________, has my permission to participate in all the activities of the camp with the exception of those indicated by the physician on this form. In addition, if I cannot be reached in case of an emergency, I give permission for my child to be taken to the West Georgia Health Hospital.

Parent or Legal Guardian