

# Camp Health History & Medical Information

## Mill Valley Parks And Recreation

Incoming  
Fall Grade: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Home Address & City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

### If parent not available in emergency, contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Insurance/Policy Number: \_\_\_\_\_

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### HEALTH HISTORY

Convulsions/Seizures: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Epilepsy: \_\_\_\_\_ Nosebleeds: \_\_\_\_\_ Attention Deficit Disorder: \_\_\_\_\_

Medications to be administered: \_\_\_\_\_ Other Health Information: \_\_\_\_\_

Date of Last Tetanus Booster: (recent?) \_\_\_\_\_ Is your child currently under the care of a physician? \_\_\_\_\_

(If yes, please give details): \_\_\_\_\_

Does your child have any special needs or conditions that the counselors and staff should be aware of? \_\_\_\_\_

(If yes, please give details): \_\_\_\_\_

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### ALLERGIES

Hay Fever: \_\_\_\_\_ Asthma: \_\_\_\_\_ Poison Oak/Ivy: \_\_\_\_\_ Insect/ Bee Stings: \_\_\_\_\_ Penicillin: \_\_\_\_\_

Food Allergies or Special Diet: \_\_\_\_\_ Other Allergies (Please Specify): \_\_\_\_\_

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### SPECIAL PICK UP INFORMATION

"My child has my permission to leave camp with the following people: \_\_\_\_\_ *And*  
\_\_\_\_\_ *And* \_\_\_\_\_ *And* \_\_\_\_\_ *And* \_\_\_\_\_."

My child is allowed to leave camp on his/her own at the end of each camp day.

Additional Comments: \_\_\_\_\_

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I hereby agree to indemnify and hold the City of Mill Valley and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or by my child arising out of or in any way connected with participation in the program(s) noted above. In case of emergency, a qualified physician may treat my child. I give permission to use my child's photo in Mill Valley Recreation brochures or publicity. I give permission for my child to leave campus on planned excursions.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_