



Worcester Fitness Summer Camp –
June 22, 2020 – August 21, 2020

2020 Health History/Camper Information Form

Part 1: Parent Section:

Please print:

Name of Camper _____

Date of Birth (M/D/YR) _____

Age of camper (by June 1, 2020) _____ Sex _____

Address of camper _____

Parent/Guardian’s name _____

Parent’s Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Please provide an emergency contact person who can be reached during the camp day

Emergency Contact Person _____

Emergency Phone _____

Photographs

Occasionally we may photograph kids’ events and programs. We may use these photographs in electronic newsletters, our website, and/or print materials. If you DO NOT wish to have your child photographed, please check the box below.

I do not want my child to be photographed.

Medical History: Has your camper had any of these listed below?

(Give Dates) (**Write N/A** if not applicable to your camper)

Ear Infections _____ Heart Disease _____ Convulsions _____

Diabetes _____ Clotting Disorders _____ Hypertension _____

Mononucleosis _____ Chicken Pox _____ Measles _____

German Measles _____ Mumps _____ Meningitis _____

Poliomyelitis _____ Hernia _____ Kidney Disease _____

Rheumatic Fever _____ Scarlet Fever _____ Strep Throat _____

Tonsillitis _____ Tuberculosis _____ Whooping Cough _____

Asthma _____ Other _____

Please send completed forms to Kat Butterfield: kat@worcesterfitness.com, Fax: 508-853-6159, OR drop off at the front desk at Worcester Fitness. Thank you.

Allergies: Does your camper have any allergies?

(Write N/A if not applicable to your camper; give specific information if possible)

Hay Fever _____ Ivy Poisoning _____

Insect Stings _____ Animals _____

Food _____

Drugs _____

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Activities limited by a physician _____

Dietary modifications _____

Current medications _____

Date of last physical examination _____ (Must be within two years of June 2020)

Print **Physician's name** _____

Swimming Ability Does your child need a swim bubble? **YES NO**
If you have taken lessons with us, what was your child's most recent level? _____

Insurance Information:
(Please fill out completely)

Name of health insurance carrier _____

Health Insurance Policy **Number** _____

(**Information required or need to fill out indemnity form**) This info is **not** found on the doctor's form.

Required signature by the parent/ guardian below for emergency hospital care.

Parent Authorization for Treatment: I hereby give permission to medical personnel selected by the program director to order x-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Parent/Guardian Signature _____ **Date** _____

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Part 2:

Doctor's Section:

The doctor **MUST** fill out this section or attach his/her form to this form.

Date

_____ Diphtheria

_____ Pertussis

_____ Tetanus

_____ Oral Polio

_____ Injectable Polio

_____ Hibmopilius Influenza

_____ Measles

_____ Mumps

_____ Rubella

_____ Tuberculin Test

_____ Hepatitis B

Physician Signature _____ **Date** _____

Part 3: Authorization to pick-up

Please include anyone authorized to pick up your child from camp. Caregivers are required to sign each camper in/out daily. Please have caregivers bring a photo ID if it is their first time at Worcester Fitness.

Authorized to pick-up:

Name	Relationship to Camper	Phone #	Email Address
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Name	Relationship to Camper	Phone #	Email Address
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Name	Relationship to Camper	Phone #	Email Address
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