

**TASIS Dorado Marine Biology
Summer Program**
Camper's Health Information and Consent Form

Camper's full name _____

Gender M F Camp Registered for dates of: _____

Current Physician _____ Phone _____

Health Insurance Co. _____

Policy No. _____ Name of member _____

Has your child been exposed to any communicable disease in the past 6 months?

Yes No (If yes, please specify) _____

To the best of my knowledge, this child is healthy and fit for an active camp program.

Yes No

Are immunizations current? Yes No

Previous hospitalizations/surgeries: _____

The camper is currently experiencing or has recently had problems with:

Allergies: Hay Fever Ivy Poisoning, etc. Insect/bee stings Penicillin

Other: Asthma Other (Please specify) _____

Medications: Yes No (If yes, please specify type of medication) _____

Other: Frequent Ear Infection ADD/ADHD Convulsions Epilepsy

Diabetes Concussion Bleeding/Clotting Disorders

Medical Consent:

The health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities except as noted. In Case of Medical Emergency, if I cannot be contacted, I hereby give permission to a camp representative and the physician he/she selects to secure proper treatment. I understand that every effort will be made to contact the camper's responsible parent or guardian. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

Releaser Signature (Parent/Guardian): _____ Date: _____