

Health History and Physical Examination Form Southwest Association Confirmation Retreat

Please complete this form and give it to your leader. It must be completed BEFORE the retreat! No participant under 18 can or will be admitted without a completed and signed health form.

PARTICIPANT INFORMATION

Name	Birthday	Age	Sex
Address			
City		ST	ZIP

PARENT AND EMERGENCY CONTACTS

	Name	Street Address	City, ST ZIP	Home Phone	Work Phone
Parent #1 or Custodial Guardian					
Parent #2					
Emergency Contact					

INSURANCE INFORMATION

Is the participant covered by Medical / Accident / Hospital Insurance? Yes No

If so, indicate insurance company or insurance carrier name _____

Policy holder's name (primary insured) _____ Relationship to participant _____

Insurance participant ID number _____ Other ID or group numbers _____

MEDICAL PROVIDER CONTACT INFORMATION

Doctor's Name _____ Address _____ Phone _____

Dentist's Name _____ Address _____ Phone _____

Are there any other important medical providers specific to this child? If so, please provide information on an attached page.

RESTRICTIONS

Please list any restrictions on the participant's activities, dietary restrictions or other restrictions of which the camp staff should be informed.

ALLERGIES

Please list all known allergies including those to medications, food and environment. If none known please write "none known". Attach additional page to this form as needed.

Allergy to:	Normal reaction and management of the reaction:

IMMUNIZATIONS

Wisconsin law dictates that children enrolled in public schools receive immunizations against a variety of diseases. Has this child received all immunizations as required by Wisconsin law? Yes No If "no" please indicate why _____

When did this individual last receive a tetanus shot or booster? _____

GENERAL INFORMATION

Please use this place to provide any additional information about the participant's behavior and the physical, emotional or mental health about which the camp should be aware. Please feel free to attach additional page to this form.

Has/does the participant: *Explain "yes" answers on an attached sheet, noting question number with additional information. Please sign and date any additional pages.*

