Landmark Park
Health Form

The safety and success of any child is of paramount importance to parents, teachers and other student participants. Therefore, we ask that you please be forthright and thorough when completing this form.

Camper Name _____

Dates will attend camp _____ ___Male __Female

Birth date _____ Age on arrival at camp _____

Camper home address _____

City _____ State _____ Zip _____

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name _____ Relationship to Camper _____

Home address _____

City _____ State _____ Zip _____

Email _____

Phone _____ __ Cell __ Home __Work

Second parent/guardian or other emergency contact:

Name _____ Relationship to Camper _____

Email _____

Phone _____ __ Cell __ Home __Work

Additional parent/guardian or other emergency contact:

Name _____ Relationship to Camper _____

Email _____

Phone _____ __ Cell __ Home __Work

Medical Insurance Information:

This camper is covered by family medical/hospital insurance __ Yes __ No

Insurance Company _____ Policy Number _____

Subscriber _____ Phone _____

Allergies:

__ No known allergies __ Food __ Medicine __ Environment __ Insect Stings

Please describe what the camper is allergic to and the reaction seen _____

_____

_____

Mental, emotional and social health (check yes or no for each statement)

Has the camper:

1. Been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? __ Yes __No

2. Ever been treated for emotional or behavioral difficulties or an eating disorder? __ Yes __ No

Please explain yes answers, noting the number of the questions. Please provide any additional info, if needed. The camp may contact you for additional info.

_____

_____

_____

Health care provider

Primary doctor_____ Phone _____

General health history (check yes or no. Explain yes answers below.)

Has/does the camper:

1. Have recurrent/chronic illnesses?	__ Yes	__ No
2. Had a recent infectious disease?	__ Yes	__ No
3. Had a recent injury?	__ Yes	__ No
4. Had asthma/wheezing/shortness of breath?	__ Yes	__ No
5. Have diabetes?	__ Yes	__ No
6. Had seizures?	__ Yes	__ No
7. Had headaches?	__ Yes	__ No
8. Wear glasses, contacts or protective eye wear?	__ Yes	__ No
9. Had fainting or dizziness?	__ Yes	__ No
10. Passed out/ had chest pain during exercise?	__ Yes	__ No
11. Had mononucleosis (mono) during the past 12 months?	__ Yes	__ No
12. Had back/joint problems?	__ Yes	__ No
13. Have a history of bed wetting?	__ Yes	__ No
14. Have problems with falling asleep/sleepwalking?	__ Yes	__ No
15. Have problems with diarrhea/constipation?	__ Yes	__ No
16. Have any skin problems?	__ Yes	__ No

Please explain any yes answers _____

_____

_____

Immunization History:
All campers must be up to date on their shots to attend camp. A Certificate of Immunization is required for all camps. Certificates can be sent to education@landmarkparkdothan.com. For religious exemptions, please send your IMM52 to education@landmarkparkdothan.com.

Emergency Authorization:
The purpose of this emergency medical information is to allow Landmark Park to provide medical knowledge and authorization to properly trained medical staff in the event of illness or injury during Landmark Park programs for the individual listed. If the individual is a minor all reasonable attempts will be made to contact parents/guardian. I hereby give consent for medical treatment of my child by professional medical personnel. I give authorization: __ Yes __ No

Photo release:
Landmark Park uses photographs and video footage of program participants in promotional, scholarly, educational and other Landmark Park materials. We request permission to use your child's likeness for promotion of Landmark Park programs on www.landmarkparkdothan.com and in the production of marketing materials. By signing below you provide consent and thereby authorize Landmark Park to include your child's likeness in the materials listed. If you have any questions, please call 334-794-3452. I give authorization: __ Yes __ No

What have we forgotten to ask?
Please provide in the space below any additional info about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional info if needed.

_____

_____

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_____