



## FMBA HEALTH INFORMATION RECORD



### TO BE COMPLETED BY PARENT OR GUARDIAN:

CAMPER NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(LAST) (FIRST)

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

E-MAIL: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(STREET) (CITY) (PROVINCE) (POSTAL CODE)

E-MAIL: \_\_\_\_\_

### HEALTH HISTORY (CHECK)

CHICKEN POX \_\_\_\_\_  
GERMAN MEASLES \_\_\_\_\_  
WHOOPING COUGH \_\_\_\_\_

MEASLES \_\_\_\_\_  
MUMPS \_\_\_\_\_  
OTHER \_\_\_\_\_

### ALLERGIES (CHECK)

HAY FEVER \_\_\_\_\_  
ASTHMA \_\_\_\_\_  
IVY, OAK, ETC \_\_\_\_\_

INSECT STING \_\_\_\_\_  
DRUGS (SPECIFY) \_\_\_\_\_  
FOODS (SPECIFY) \_\_\_\_\_

### CHRONIC/RECURRING ILLNESSES (CHECK)

EARACHES \_\_\_\_\_ THROAT PROBLEMS \_\_\_\_\_ SINUS \_\_\_\_\_ INFECTIONS \_\_\_\_\_  
STOMACH \_\_\_\_\_ EPILEPSY \_\_\_\_\_ RHEUMATIC FEVER \_\_\_\_\_ DIABETES \_\_\_\_\_

DETAILS OF ABOVE: \_\_\_\_\_

MEDICATIONS BEING TAKEN (NAME AND EXPLAIN): \_\_\_\_\_

OPERATIONS, INJURIES, SPECIAL RESTRICTIONS (EXPLAIN, GIVE DATES): \_\_\_\_\_

THE HEALTH AND SAFETY OF EACH CAMPER IS OF THE UTMOST IMPORTANCE TO US, INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

### PARENT OR GUARDIAN AUTHORIZATION (REQUIRED FOR ALL PERSONS UNDER THE AGE OF 18)

This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except noted by me. I hereby give permission for my child to be treated by another physician, who is available and who will secure proper treatment for and order injections, anesthesia for surgery, for the person named above. Emergency contact will be call immediately if medical treatment/first aid is required.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_