

CAMPER HEALTH HISTORY

Highlighted areas MUST be completed.

Camper's Name _____

Current Address _____

Camper's Physician _____

Physician's Phone _____

Please indicate if the camper has had any of the following:

- Allergies; if yes, explain allergy and reaction seen: _____
- Asthma
- Behavioral Issues
- Blood/Clotting Disorders
- Diabetes
- Epilepsy
- Heart Defect/Disease
- Psychiatric Issues
- Seizures
- Other _____
- None

Administering Medication

There must be an authorization to administer medication on file for each medication (prescription or over-the-counter) that your camper may require. The appropriate forms can be found at www.aacc.edu/kic.

- I CHOOSE NOT TO PROVIDE the college with emergency medication even though my child has a diagnosis of asthma or a severe allergy or another medical diagnosis that could require emergency medication. By checking this box I agree to save and hold harmless Anne Arundel Community College, its board of trustees and employees in the event there is an emergency situation with my child that requires emergency medication and such mediation was not provided to the college.

Immunization Information

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?

- No
- Yes, List here: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Immunization 896 form.

Parent or Guardian Authorization

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. If I cannot be reached in an emergency, I give my permission to AACC to secure appropriate treatment for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form.

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____

Relationship to Camper: _____