



KID POWER summer CAMP
 2420 BETHLEHEM PIKE
 HATFIELD, PA 19440
 215.822.6177 X122



2008 SUMMER CAMP HEALTH FORM

Student Name: _____ Parent Name: _____

Home Address: _____

Home #: _____ Work # _____ Cell # _____

Please answer the following questions concerning your summer camper.

1. Does your child experience any heart conditions? (Murmurs, fast beating, etc.) YES ___ NO ___
2. Has your child ever experiences a stroke or seizures? YES ___ NO ___
3. Has your child ever had epilepsy? YES ___ NO ___
4. Is your child taking any medication? YES ___ NO ___ If so, please list what type and reason for the medications. _____
5. Does your child have diabetes? YES ___ NO ___
6. Does your child have bronchitis? YES ___ NO ___
7. In the past month has your child felt any chest pain caused by physical activities? YES ___ NO ___
8. Does your child have any hearing or sight disabilities? YES ___ NO ___
9. Is your child currently being tested or treated for bone or joint problems, which may restrict them from physical activity? YES ___ NO ___
10. Has your child's blood pressure been tested recently by a physician? YES ___ NO ___
11. Does your child have any other limitations that we should know about? If so, please describe.

12. Does your child have any allergies? If so, please describe. _____

I _____ am the guardian of _____
 and have checked all the above area's to the best of my knowledge.

Parent/Guardian Signature _____ **Date** _____

EMERGENCY CONTACT INFORMATION – Please make sure this information is of someone other than yourself.

Contact #1 _____ Home # _____ Cell # _____

Contact #2 _____ Home # _____ Cell # _____

Insurance Information – Policy Holder Name: _____

Company: _____ Policy #: _____ Group #: _____

I _____ give my permission to transport my child with local ambulance service if any situation warrants.

Parent/Guardian Signature _____ **Date** _____