

WHC reserves the right to refuse admission to any person whose health form is not on file 2 weeks before their camp begins.

# Health Form: Windsor Hills Camp 2011

29 White Pond Road, Windsor, NH 03244 voice (603)478-3363 fax (603)478-3373

**This form is confidential to camp counselors, camp directors, health personnel and the registrar.**

**Mail to: Registrar, Sandra Smith, 29 White Pond Rd., Windsor NH 03244**

**Campers, workers and staff are required to submit a new health form each year.** A qualified physician's signature must appear on each camper's health form to comply with New Hampshire State law. The "Date of Exam" must be less than 2 years prior to the camp date. Please send Health Form to Registrar **at least 2 weeks prior to camp date.**

**Important:** You may not stay overnight on the campground until we have received a *completed* Health Information Form.

Applicant's name \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle ALL Windsor Hills Camps that you will be attending in 2010: Parent email: \_\_\_\_\_

**Family Camp      Boys' Camp      Girls' Camp      Jr. High Camp      Sr. High Camp**

**INSURANCE INFO:** Subscriber's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance company name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** (For children at least one must be a parent or legal guardian.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

In case of emergency, **I HEREBY GIVE PERMISSION** to the physician selected by Windsor Hills to hospitalize, secure proper treatment for, or to order injections, anesthesia or surgery for applicant. (Every effort will be made to contact parents or legal guardian.) I accept responsibility for payment of all expenses incurred as a result of medical treatment.

**SIGNATURE** of parent or guardian if a minor. X \_\_\_\_\_ Date \_\_\_\_\_

Or

**SIGNATURE** of applicant if over 18 years old. X \_\_\_\_\_ Date \_\_\_\_\_

### BELOW TO BE FILLED OUT BY PHYSICIAN

Record of immunizations (**Required DATES of latest boosters.**) You may attach a printout of immunization record and report of physical from physician's office but **we still require doctor's signature or stamp.**

DPT (date)	Oral Polio (Sabin) (date)	Rubella (date)	Hepatitis B (date)  (if born on or after Jan 1, 1993)
DT (date)	MMR (date)	Mumps (date)	
Tetanus (date)	Measles (date)		

Treatment or medication to be continued at camp:

Special medication precautions or special medical concerns for camp staff, camp doctors or nurse to be aware of for this applicant in a camp setting:

Allergies: \_\_\_\_\_ **For severe allergies / medical concerns, continue on back and check here**

Special diet requirements: \_\_\_\_\_ Restrictions on activity while at camp:

Date of exam \_\_\_\_\_ Physician's name \_\_\_\_\_ Phone (\_\_\_\_)

Doctor's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE OF PHYSICIAN** or OFFICE STAMP X \_\_\_\_\_ Date \_\_\_\_\_

*If Doctor's form is substituted, be sure permission to treat is signed and exam date is noted. These areas are legally essential!!*

Last name,  
First

## **Additional Optional Information**

If your child has a severe life-threatening allergy, you must call the campground to personally register that information. Call Sandy Smith at 603-478-3363

Please describe allergies to food:

Please describe allergies to medications (Also fill out Camper Medication Form and bring to registration:

Please describe any other allergies:

Are there specific health concerns you have for your child?

Is your child recovering from a recent illness? If so, please describe the incident, carefully noting any limitations this might create for your child.

According to past experiences, is your child prone to homesickness? Please offer advice:

Are there telephone numbers of additional health professionals that we should have in the event that your child needs their treatment? Please list:

Anything else you want the nurse to know?