



Camp Ahava 2015 Health History Form

Child's name: _____ DOB: _____

The following information is required to be admitted to camp:

CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see www.EDCP.org (Immunization).

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: _____

2. Is the camper currently enrolled in a Maryland school, public or private?

YES, provide name of Maryland school: _____

NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information.

3. Is the camper exempt from any immunization on medical or religious grounds?

YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated or the parent or guardian indicating that they object to immunizations for religious reasons.

NO

List any medications and/or other health aid that is in present use by the camper:

List any medical conditions, emotional/psychological issues, chronic/recurring illnesses:

List any allergies: _____

CONTACT INFORMATION:

Parent or Legal Guardian: _____

Phone Number: _____

Emergency Contact Person: _____

Phone Number: _____

Child's Physician: _____

Phone Number: _____

HEALTH INFORMATION: Please provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, and/ or special needs that we need to be aware of to ensure that your child's camp experience is safe:

Parent or Legal Guardian's Signature: _____ Date: _____