

**The Westwood Club Day Camp  
Health History Form**

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian name (s) \_\_\_\_\_

Any health concerns staff or medical personnel should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Allergies: Food/Medicine/Insects/Plants. Explain: \_\_\_\_\_

\_\_\_\_\_

List any activity restrictions: \_\_\_\_\_

List all medications camper is currently taking \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company and Policy # \_\_\_\_\_

The following people (other than parent/guardian) are allowed to sign my child out of  
camp: \_\_\_\_\_

\_\_\_\_\_

I understand that if I cannot be contacted and emergency medical treatment is needed, I give my permission to the licensed health care practitioner in attendance to secure proper treatment including hospitalization, anesthesia, surgery or injections of medicine for my child.

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Signature of parent/guardian \_\_\_\_\_ relationship \_\_\_\_\_ date \_\_\_\_\_