

The Vineyard

Health Form - Part A (Parent's Form), 2010 Season

RETURN TO:
 The Vineyard
 1945 Vineyard Rd.
 Westfield, NC 27053
 USA
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 Fax: 1-336-351-2902
letters@vineyardcamp.com
www.vineyardcamp.com



Please have the parent or guardian fill out this portion of the health form.

Please check session(s) of attendance: A B C D E F G H I J K L M

Child's name in full: _____ Birth Date: _____

Social Security Number: _____ Age: _____ Gender: _____

1) Parent or Guardian (or Spouse): _____ Phone: _____

Home Address: _____
Street & Number, City, State, Zip Code, Country

Business Address: _____
Street & Number, City, State, Zip Code, Country, Phone

2) Second Parent or Guardian or Emergency Contact: _____ Phone: _____

Home Address: _____
Street & Number, City, State, Zip Code, Country

Business Address: _____
Street & Number, City, State, Zip Code, Country, Phone

3) In not available in an emergency, notify: _____ Phone: _____

Home Address: _____
Street & Number, City, State, Zip Code, Country

Business Address: _____
Street & Number, City, State, Zip Code, Country, Phone

Health History: (Check giving approximate dates)	Diseases	Allergies
Frequent Ear Infections	Chicken Pox	Hay Fever
Heart Defect/Disease	Measles	Ivy Poisoning, etc
Convulsions	German Measles	Insect Stings
Diabetes	Mumps	Penicillin
Bleeding/Clotting Disorders		Other Drugs
Hypertension		Asthma
Other		
Mononucleosis		

Operations or serious injuries (dates): _____

Dietary modifications: _____

Current medication (send with instructions): _____

Other diseases or details of above: _____

Name of dentist/orthodontist: _____ Phone: _____

Name of family physician: _____ Phone: _____

Date of last physical examination: _____ Do you carry family medical/hospital insurance? _____

If so, indicate: Carrier, policy or group #, address, telephone # and copy of medical insurance card

Suggestions or health related information for camp personnel: _____

(For Female): Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____ Special consideration: _____

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director to order Xrays, routine tests and treatment for me/or my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. The infirmary staff will administer all medications including prescribed and non-prescribed medications. This form may be photocopied for use out of camp.

SIGNATURE OF PARENT/GUARDIAN OR ADULT CAMPER/STAFFER: _____

SIGNATURE OF WITNESS OR SPOUSE: _____

DATE: _____

