

**2022 LSoD Summer Dance Camp - Health Form**

**Please complete and return by June 1, 2022 (One form for each camper.)**

Camper's Full Name	
Birth Date	
Home Address	
City/State/Zip Code	
Parent/Guardian Full Name (1)	
Relationship to Camper (1)	
Phone Number (1)	
Email (1)	
Parent/Guardian Full Name (2)	
Relationship to Camper (2)	
Phone Number (2)	
Email (2)	

**Allergies:**  No known allergies     Yes, they are allergic to:     Food     Medicine     Environment

Please describe what the camper is allergic to, and the reaction seen (i.e., bees, breaks out in hives)


**Diet/Nutrition:**     This camper eats a regular diet     This camper eat a regular vegetarian diet.

This camper is lactose intolerant     This camper is gluten intolerant     Other, please explain.

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**General Health History (Yes/No)**

Ever been hospitalized?     Yes     No

Ever had an injury?     Yes     No

Had seizures?     Yes     No

Wear glasses?     Yes     No

Had/Has Asthma?     Yes     No

Have any skin problems?     Yes     No

Ever had surgery?     Yes     No

Have diabetes?     Yes     No

Had headaches?     Yes     No

Wear contacts?     Yes     No

Trouble falling asleep?     Yes     No

Do you have your period?     Yes     No

If yes, to any of the above, please explain.

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**Health-Care Provider**

Primary Doctor's Name	
Address	
Phone Number	

**Medical Insurance:** This camper is covered by family medical/hospital insurance.  Yes  No

Insurance Company	
Policy Number	
Subscriber	
Insurance Company Phone #	

**Medication:** This camper takes medication.  Yes  No

Name of Medication	Reason for Taking	When It is Given	Amount/Dose

The following non-prescription items are stocked and used on an as needed basis for minor issues. Please check only the ones we have permission to administer or check  Yes for all.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil/Motrin) | <input type="checkbox"/> Bug Spray/Lotion |
| <input type="checkbox"/> Calamine Lotion         | <input type="checkbox"/> Antibiotic Cream         | <input type="checkbox"/> Cough Syrup      |
| <input type="checkbox"/> Aloe                    | <input type="checkbox"/> Sunscreen                | <input type="checkbox"/> Benadryl         |

**What have we forgotten to ask?** Please provide us with any additional information about the camper's health that you think is important or may affect their ability to full participate in the camp program.

This health history is correct and accurately reflects the health status of the camper to whom it pertains to.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date