

REQUIRED FOR ATTENDANCE PLEASE SUBMIT NO LATER THAN JUNE 1, 2024

2024 CAMP HEALTH HISTORY AND EXAMINATION FORM

Please complete this form, sign it, and mail it to THE MAKER FARM at 12 Bancroft St in Pepperell, MA 01463. You may also fill it out and send it to emilyonbancroftst@gmail.com. Please no photos of filled out form. Forms need to be legible. You may send photos of insurance card.

Name _____ Phone # _____

Birth Date _____ Preferred Gender _____

Age _____ Current School _____ Location of School _____

_____ Parent or Guardian _____ Street/Town/Zip _____

_____ Phone # _____ Business or Day

Phone # _____ Cell # _____ Second Parent

or Guardian _____

Street/Town/Zip _____ Phone # _____

Business or Day Phone # _____ Cell # _____

Emergency Contact Numbers to call if I/We cannot be reached:

Name and relationship _____ Phone # _____ Cell # _____

Name and relationship _____ Phone # _____ Cell # _____

Health History: Please circle all that apply to your child. Diabetes Heart Defect/Disease Seizures

Bleeding/Clotting Disorders Frequent Ear Infections Asthma Severe Case of Poison Ivy Migraines Fainting

Allergies: Please circle all that apply to your child. Medication Environmental Food Insect Bites Bee

Stings Seasonal Other Additional allergy information:

Does your child have a prescription for an Epi-pen for any of the above checked allergies? _____

Recent Operations or serious injuries (dates) _____

Chronic or recurring illness: _____

Name of child's physician: _____ Phone # _____

Name of dentist: _____ Phone # _____

Health Insurance Carrier: _____ Policy/Group # _____

Please provide a copy of the front and back of the insurance card.

Parent of Guardian's Authorization:

This health history is correct as far as I know, and the child herein described has permission to engage in all camp activities except as noted by me or the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to order x-rays, routine tests and treatment of my child. If deemed medically necessary to hospitalize my child, I hereby give permission to the physician to secure proper treatment, to order injections and/or anesthesia and/or surgery for my child named above. I give permission to the camp director to share my child's health information with appropriate camp staff members, as deemed necessary for his/her health needs. I also give permission to photocopy this form to complete the weekly camp information report.

Parent or Guardian Signature _____ Date _____

Name _____

Date of last physical exam: _____ (must be within 24 months of child's attendance at camp.)

Is the applicant currently under the ongoing care of a physician other than routine care? If yes, why?

Current medications: _____

Is there any other health or behavior related information that should be shared with appropriate staff members in order to achieve a positive, successful experience at camp for your child?

Anyone under 18 requiring an Epi-pen for severe allergic reactions

must also provide an "Emergency Health Care Plan" filled out by their physician. If one is on file at his/her school, a copy will be acceptable. Anyone requiring an Epi-pen must speak with the camp director. Recommendations and/or restrictions while in camp:

PLEASE NOTIFY THE CAMP DIRECTOR IF THIS CAMPER IS EXPOSED TO ANY COMMUNICABLE DISEASE
THREE WEEKS PRIOR TO HER/HIS ATTENDANCE AT CAMP. EMAIL TO emilyonbancroftst@gmail.com or
MAIL TO: The Maker Farm 12 Bancroft St in Pepperell, MA 01463

I understand I also need to submit a printout from my child's physician; showing immunization record,
date of last exam, current health history including medications and allergies. I agree to notify the camp
of any significant changes in my child's health status that may occur after submission of this form prior to
the start of camp. Physician's form included Date submitted _____

VACCINATION CARDS FOR COVID ARE NOT MANDATORY, BUT IF YOU WOULD LIKE TO INCLUDE A COPY,
PLEASE FEEL FREE TO DO SO.

PLEASE REMEMBER TO SEND A COPY/PHOTO OF YOUR CURRENT INSURANCE CARD. THANK YOU!