

**TEL HAI CAMP & RETREAT
HEALTH FORM**

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Please print or type this record accurately & neatly. To be filled in by parent/guardian of minor or by staff over 18 themselves.

Last Name: _____ **First Name:** _____ **MI:** ____ **Camper or Staff:** _____

Sex: ____ **DOB:** _____ **Age:** _____ **Height:** _____ **Weight:** _____

Parent or Guardian (or Spouse): _____

Home Address: _____

Street and Number City State Zip
Home Phone: (____) _____ **Work Phone:** (____) _____ **Cell Phone:** (____) _____

Second Parent or Guardian or Emergency Contact: _____

Address: _____

Street and Number City State Zip Phone#

If not available in an emergency, notify: _____

Address: _____

Street and Number City State Zip Phone#

Insurance Company: _____ **Policy #:** _____

**Each Camper is required to have Health Insurance.*

Family Physician & practice: _____ **Phone #:** _____

Health History: (check all that apply giving approximate dates)

_____ Frequent Ear Infections _____ Heart Defect/Disease _____ Convulsions
_____ Hypertension _____ Mononucleosis _____ Diabetes
_____ Bleeding/Clotting Disorders _____ Asthma _____ ADD/ADHD

Allergies: ____ Hay Fever ____ Insects Stings ____ Poison Ivy, Sumac ____ Animals

____ Medicine/Drugs (Specify) _____

____ Food (Specify) _____

for food allergies, please complete & return the Food Allergy sheet included

____ Others (specify) _____

Please explain any allergies checked above: _____

