**4-H Camp McCandless SUPPLEMENTAL HEALTH HISTORY**

Camper Name _________________________________________

Family Doctor: _________________________________________

(Name and Phone Number)

You are responsible for taking your camper home if they are ill or request to leave due to health. List all phone numbers for emergency contact beyond what you provided.

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**HAS CAMPER HAVE OR HAD ANY OF THE FOLLOWING CONDITIONS?**

- [ ] Tonsillitis  
- [ ] Frequent Colds  
- [ ] Fainting Spells  
- [ ] Scarlet Fever  
- [ ] Ear Problems  
- [ ] Kidney Disease  
- [ ] Rheumatic Fever  
- [ ] Tuberculosis  
- [ ] Menstrual Problems  
- [ ] Chicken Pox  
- [ ] Diarrhea  
- [ ] Mumps  
- [ ] Diabetes  
- [ ] Stomach Aches  
- [ ] Epilepsy  
- [ ] German Measles  
- [ ] Measles  
- [ ] Bed-Wetting  
- [ ] Whooping Cough  
- [ ] Sleep Walking  
- [ ] Polio  
- [ ] Hay Fever  
- [ ] Diphtheria

- [ ] Recent Illnesses (Please Specify)

- [ ] Recent Accidents or Operations (Please Specify)

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Any conditions presently requiring regular medication or treatment?

List any activities in which you wish your child not to participate in:

Please note any special needs or accommodations that your child may have.

Does your child require special dietary needs, i.e. vegetarian?

Note: Our volunteer Camp Nurse(s) will take full charge of all medications and administer correct dosage during camp. Please have camper bring in bag, clearly labeled at the camp check in.

Parent/guardian signature _________________________________ date _______________

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