

MERCER COUNTY COMMUNITY COLLEGE—SUMMER CAMPS  
HEALTH HISTORY & MEDICAL AUTHORIZATION FOR ALL PERSONS UNDER AGE 18

This form must be completed with inoculation dates and returned with EACH camp application.

NOTE: A doctor's signature is NOT required.

NAME OF STUDENT \_\_\_\_\_  
Last First MI Birthdate

Male  Female

Parent/Guardian #1 Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Alt. Emer. Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

2nd Physician/Orthodontist: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

1. Currently under physician's care for: \_\_\_\_\_

2. Current medications being taken: \_\_\_\_\_

3. Were you ever advised not to allow this child to play in any sports?  YES\*  NO

4. List any malfunction or loss of an organ: \_\_\_\_\_

5. List any allergies including bee stings, peanuts, hives, asthma: \_\_\_\_\_

6. Will your child need medication at camp? Y  N

If yes, please bring medication to the nurse on the first day your child attends camp.

7. Has this child: YES\* NO

(a) had difficulty with sight? \_\_\_\_\_

(b) had difficulty with hearing? \_\_\_\_\_

(c) ever been unconscious after an injury? \_\_\_\_\_

(d) had a fracture or dislocation within the last three years? \_\_\_\_\_

(e) ever experienced high blood pressure? \_\_\_\_\_

(f) ever experienced chest pain/palpitations? \_\_\_\_\_

(g) had to stay in the hospital overnight within the last year? \_\_\_\_\_

(h) other \_\_\_\_\_

8. Does this child have a history of:

(a) fainting with exercise? \_\_\_\_\_

(b) undue tiredness/fatigue? \_\_\_\_\_

(c) a family member having sudden unexplained death under the age of 40? \_\_\_\_\_

\* Please explain (attach extra pages if necessary.)

According to state law, all campers must be immunized or submit a statement from a physician that immunization is in progress.\*\*

**IMPORTANT: Attach a CURRENT copy of Immunization Record from Doctor's office.**

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Mercer County Community College to treat and/or send this person to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Mercer County Community College. My child's medical insurance carrier is \_\_\_\_\_.

My hospital of choice is \_\_\_\_\_. All information on this form is complete, true and accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*NOTE**

1. If there is a religious objection to immunization of a child, a written statement must be signed and submitted which states that the child is in good health and that you will assume full responsibility for his/her health while in camp.

2. If immunization is contraindicated for medical reasons, the parent or guardian shall submit to the camp a written statement signed by a licensed physician, indicating both the reason and length of the medical contraindication.

A COMPLETED COPY OF THIS FORM MUST BE SUBMITTED WITH EACH CAMP APPLICATION

**Avoid \$10 Late Fee. Register Early!**