

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 _____.

I authorize MCCC to share pertinent health information with camp staff as needed to safeguard my child's health. 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!