

Camp Ewalu Health History and Information

Please mail to: Camp Ewalu, 37776 Alpha Avenue, Strawberry Point, IA 52076

Name of Camper _____

Name of Program _____

- 1) Immunizations: DPT: Yes/No, Measles-Rubella: Yes/No, Polio: Yes/No
Date of last tetanus shot _____
- 2) Date of last health examination _____ (within 2 years)
- 3) Skin Disease: Yes/No If yes, please explain. _____

- 4) Allergies: Food, drugs, hay fever: Yes/No If yes, please explain. _____

- 5) Medications and treatments: List all current or ongoing treatments and medication including dosage.

- 6) List any illness, chronic condition or physical condition the camper has that requires restrictions on camp participation (including past medical history). _____

- 7) Physician's name _____ Office Phone _____
- 8) Insurance Co. _____ Policy # _____
Subscriber's name _____
- 9) Emergency Contact Name _____ Phone _____

To the best of my knowledge, all registration and health information for the person described herein is correct. I give permission for my child to participate in all camp activities, including but not limited to: the Cooperative Course, activities involving horses and horseback riding, and trips off-site in camp vehicles, except as noted here: _____ and agree that the camp, its staff, and the horses' owners will not be held responsible for any accidents or personal injury arising therefrom. I authorize the medical personnel or staff selected by the camp director to secure any medical or emergency treatment deemed necessary for the child named above. In the event of an accident, injury, or illness, the insurance of the camper's parent or guardian is primary. I also grant permission for pictures or video taken of my child to be used in publications and promotional materials.

Signature of Camper's Parent/Guardian: _____ Date _____