

**THIRD DISTRICT SONS OF NORWAY YOUTH CAMP  
CAMPER'S HEALTH EXAMINATION FORM FOR GIRLS AND BOYS**

Please complete this form and present it at registration time.

**NO CHILD WILL BE PERMITTED TO ATTEND CAMP WITHOUT THIS FORM COMPLETED.**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State, Zip

Business Phone (\_\_\_\_) \_\_\_\_\_

If not available: in an emergency notify:

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State, Zip

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State, Zip

**HEALTH HISTORY**

Check all the appropriate boxes and provide dates:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Frequent Colds _____                  | <input type="checkbox"/> Kidney Trouble _____                        | <input type="checkbox"/> Poliomyelitis _____        |
| <input type="checkbox"/> Frequent Sore Throats _____           | <input type="checkbox"/> Bed Wetting _____                           | <input type="checkbox"/> Whooping Cough _____       |
| <input type="checkbox"/> Asthma _____                          | <input type="checkbox"/> Heart Trouble _____                         | <input type="checkbox"/> Mumps _____                |
| <input type="checkbox"/> Sinusitis _____                       | <input type="checkbox"/> Convulsions _____                           | <input type="checkbox"/> Diabetes _____             |
| <input type="checkbox"/> Abscessed ears _____                  | <input type="checkbox"/> Athletes Foot _____                         | <input type="checkbox"/> Tuberculosis _____         |
| <input type="checkbox"/> Bronchitis _____                      | <input type="checkbox"/> Sleepwalking _____                          | <input type="checkbox"/> Operations _____           |
| <input type="checkbox"/> Fainting _____                        | <input type="checkbox"/> Constipation _____                          | <input type="checkbox"/> Serious Injury _____       |
| <input type="checkbox"/> Stomach upsets _____                  | <input type="checkbox"/> Chicken Pox _____                           |   |
| <input type="checkbox"/> German measles _____                  | <input type="checkbox"/> Measles _____                               | <input type="checkbox"/> Girl has menstruated _____ |
| <input type="checkbox"/> Serious Ivy/Oak/Sumac Poisoning _____ | <input type="checkbox"/> Girl has been told about menstruation _____ |   |

Allergic Reactions:  Animals  Food  Insect stings  Drugs  None to my knowledge  
Details: please be specific: \_\_\_\_\_

List any specific activities to be restricted? \_\_\_\_\_

In case of accident:

Insurance Plan: \_\_\_\_\_

Insurance number: \_\_\_\_\_

**Please bring your signed insurance form along with this form.**

The camp administration and the physicians selected by it have our permission in emergencies to take whatever action is deemed necessary in our child's best interest.

\_\_\_\_\_  
Signature of Father/guardian

\_\_\_\_\_  
Signature of Mother/guardian

\_\_\_\_\_  
Date

ADMINISTERING of MEDICINES BROUGHT TO CAMP

I request the nurse to see that my child \_\_\_\_\_ receives, as directed, the following medication which he/she has brought from home, which is labeled as follows

Name of Medication: \_\_\_\_\_

Directions: \_\_\_\_\_

Prescribed by: \_\_\_\_\_

The camp nurse has my permission to give my child Tylenol as needed:  yes  no

\_\_\_\_\_  
Signature of Parent/Guardian

**All medication, including over the counter medicine (Tylenol, aspirin, etc.) should be labeled with your child's name and left with the camp nurse.**

Canoeing is one of the activities at camp. The children are taken in small groups to a spot on the Delaware River or to a lake in the area. Also, the children are taken off site to go to movies or other similar trips. These trips may be by bus or in the counselors' cars.

You know your child best, so we are asking for you to give permission for these trips.

By signing here, I give my permission for my child to go canoeing, movies, hiking and similar trips.

\_\_\_\_\_  
Signature of Parent/Guardian

Privacy laws require that we obtain your permission to publish pictures taken at camp which may be submitted for publication in Third District Today, Viking Magazine or the S/N website.

\_\_\_\_\_ I give my permission to have any pictures of my child which may be taken during youth camp while engaged in camp activities to be published in Sons of Norway publications as well as the website.

\_\_\_\_\_ I request that my child not be included in any pictures which may be taken during youth camp and published in any Sons of Norway publication or its website.,

\_\_\_\_\_  
Signature of parent or guardian

---