

**ROWAN UNIVERSITY
RECREATION CENTER
SUMMER DAY CAMP**

MEDICAL HISTORY

Failure to return or complete information may
delay your camp registration.

To the Parents of Campers: Please complete this form carefully. Information supplied will become a part of your child's health record. All health records are confidential.

Camper's Name: (Last) (First) (MI) (Preferred)

Street Address:

City: State: Zip:

Home Phone: SS#: Sex:

Date of Birth: Height: Weight:

Name of Family Physician: Phone:

REPORT OF MEDICAL HISTORY

Does your child have any allergies? Yes ___ No ___ If yes, specify:

Aspirin ___ Penicillin ___ Codeine ___ Bee Stings ___ Molds/Fungi ___

Eggs ___ Sulfa ___ Tetanus Toxoid ___ Other ___

**❖ IMPORTANT NOTE: IMMUNIZATION RECORD REQUIRED PRIOR TO REGISTRATION.
(PLEASE ATTACH PROOF OF ALL VACCINATIONS.)**

Has your child ever had any of the following? Comment below on all "Yes" answers.

YES	NO		YES	NO		YES	NO		YES	NO	
		Measles (Red)			Hay Fever/Asthma			Chest Pain / Pressure			Jaundice
		German Measles			DES Exposure			Chronic cough			Mononucleosis
		Mumps			Appendectomy			Palpitation (Heart)			Gallbladder Trouble
		Chicken Pox			Tonsillectomy			Rheumatic Fever			Stomach Ulcers
		Malaria			Hernia repair			High Blood Pressure			Recurrent Diarrhea
		Anemia			Other Surgery (Note Below)			Heart Murmur			Recent Weight Gain
		Gum / Tooth Trouble			Insomnia			Heart Disease			Veneral Disease
		Sinusitis			Recurrent Headache			Joint Disease			Dizziness, Fainting
		Eye Problems			Recurrent Bladder Infection			Arthritis			Weakness, Paralysis
		Ear Problems			Kidney Disease			Back Problems			Diabetes
		Recurrent Colds			Head Injury/Unconsciousness			Seizure/Convulsions			Recent Weight Loss
		Tumor, Cancer, Cyst			Shortness of Breath			Tuberculosis			Hypoglycemia

Remarks or additional information on all "YES" answers, drug allergies, and any other infectious diseases not listed.

Please list all medications your child is currently taking.

Is your child presently under treatment for any physical or emotional problem?

_____ YES

_____ NO

Diagnosis:

Parental Statement and Consent / Liability Waiver

I hereby certify that the medical history I have provided is accurate and complete to the best of my knowledge. In the event that I or my authorized physician cannot be reached in an EMERGENCY, and immediate observation or treatment is urgent in the judgement of the Camp Director, I hereby grant permission for the Kids Rule Camp staff to arrange for transport of my child to a local hospital for treatment if such transport is deemed by them in the best interest of my child's welfare.

I / we, the undersigned, for ourselves, our heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Summer Day Camp at the Rowan University Recreation Center; Rowan University and its respective agents, representatives successors and assignees, for any and all injuries which may be suffered by my child in connection with the Summer Day Camp program. Furthermore, I attest and verify that I have full knowledge of the risks associated with an activities camp of this nature. I also understand that responsible care will be exercised in the supervision of these activities.

Custodial Parent or Guardian

Phone

Date

Custodial Parent or Guardian

Phone

Date

If unable to reach the above signed, in case of an emergency please contact:

Name

Phone

Relationship

**Please Return Health Form &
Vaccination Record to:**
Rowan University Recreation Center
Summer Day Camp
201 Mullica Hill Road
Glassboro, NJ 08028
Phone (856) 256-4908
Fax (856) 256-4428