

HEALTH CERTIFICATE

Name:		Age:	Ht:	Wt:	Camp Session:
Address, Street:				Date of Birth:	
City:	State:	Zip:	Telephone: ()		
Name of Parent of Legal Guardian:				SSN:	
Emergency Contact:			Number to call in case of Emergency:		

TO BE FILLED OUT BY PARENTS

HISTORY	Reason	Year
Hospitalizations		
Surgery		
Previous Bone or Joint Injury		
ALLERGIES	Drugs	
	Foods	
	Other	

Health Problems:

CURRENT MEDICATIONS	Medicine	Dosage/how often	Reason

Does child know how to use this?

FAMILY INSURANCE INFORMATION (Please attach a copy of both sides of your insurance card.)

Insurance Company:	Policy No:
Phone No. ()	Address:

TO BE FILLED OUT BY HEALTH CARE PROVIDER

I have this day _____ examined this child and find him/her to be in good physical health. Immunizations up to date, **yes no** (circle one)
 date last tetanus: _____ date varicella illness/immunization: _____

Remarks: _____

Signature of MD / NP / PA

Please see other side. Our local hospital requires a notarized signature in case of emergency.

I, the undersigned parent or legal guardian of _____, a minor child, am willing and desire that my child (or ward) attend Camp Celo and that I assume any risks normally inherent in the nature of the Camp Celo program. Furthermore I do hereby authorize Camp Celo to seek and consent to all necessary medical treatment for the aforementioned child by the appropriate medical personnel.

I also **do /do not (circle one)** grant permission to use photographs in which my child appears for Camp Celo publicity or in publications.

This the _____ day of _____ 20 ____.

SIGNATURE

(State)

(County)

I, _____, a Notary Public for said County and State, do hereby certify that

_____ (and _____) personally

appeared before me this day and acknowledged the due execution of the forgoing instrument.

Witness my hand and official seal, this _____ day of _____ 20 ____.

(Official Seal)

Public

Notary

My commission expires: _____