

REVIVE HEALTH HISTORY FORM FOR YOUTH

The information requested on this form will be used to provide your child with the best possible experience during his/her visit to Revive Camps. By program policy, all of the information is confidential and will only be made available to the staff members working with your child.

Thank you for taking time to complete this form. Please present this form at registration or mail to Revive: PO Box 120424, Nashville, TN 37212. For your child's safety in the event of an emergency, it is crucial that complete information is provided.

Name of child _____ Age _____ Sex _____

Address _____ Phone _____

City/State/Zip _____ Birth Date _____

Insurance Company _____ Policy # _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____

Emergency Contact (if parent/guardian is unavailable) _____

Home Phone _____ Work Phone _____

Is your child on any medication? Please describe _____

Has your child recently experienced any serious injuries or operations? Please describe _____

Has your child recently been exposed to any contagious disease? Please describe _____

Date of your child's last tetanus booster (required within past 10 years) _____

Does your child have any of the following health concerns? **Please provide complete details in section below if checked.**

Health History:

- Diabetes
- Asthma
- Anorexia/Bulimia
- Convulsions
- Attention Deficit

Allergies:

- Hay Fever
- Insect Stings
- Penicillin
- Other Drugs
- Foods

Other:

- Sleep Walking
- Fainting
- Dietary Concerns

Details: _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____