



Note:
Complete this
form for *EACH*
camper.

Camp Good Grief 2010 Health History Form

Camper's Name: _____
(Last) (First)

Please check those that apply:

- | | |
|---|---|
| <input type="checkbox"/> Allergies (animals, bee stings, food, other _____) | <input type="checkbox"/> Motion Sickness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Constipation/Diarrhea |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Menstrual Cramps |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Attention Deficit Disorder (ADD) |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Ear infection | <input type="checkbox"/> Phobias/Fears _____ |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Contacts/Glasses |
| | <input type="checkbox"/> Other |

(Please Explain) _____

Is your child experiencing any of the following *since* the death occurred?
(Please ask your child for input)

- | | |
|--|--|
| <input type="checkbox"/> loss of appetite | <input type="checkbox"/> bed wetting |
| <input type="checkbox"/> increased irritability | <input type="checkbox"/> forgetfulness |
| <input type="checkbox"/> sleeplessness | <input type="checkbox"/> nightmares or bad dreams |
| <input type="checkbox"/> violent behavior | <input type="checkbox"/> physical aches or pains |
| <input type="checkbox"/> run away or attempt | <input type="checkbox"/> suicide attempt or thoughts |
| <input type="checkbox"/> my child is displaying other behavior or has other symptoms (Please explain) | |

Is your child currently receiving counseling or therapy? Yes No

Date of Last Tetanus Shot: _____

Are there any activities your child may not be able to participate in while at camp?
 Yes* No

*Please explain: _____

Please provide any other information we may need to care for your child's safety:
