

**BURN BRAE DAY CAMP OF CREATIVE ARTS**  
**HEALTH FORM**  
1405 Twining Road · Dresher, PA 19025  
Phone: 215-657-3388 · Fax: 215-830-9893  
info@burnbraedaycamp.com

*Must be completed and returned by May 13, 2011.*

CAMPERS NAME (last, first, middle initial) \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (Please answer yes or no-also any additional information we may need).

Insect Stings \_\_\_\_\_

Bee Stings \_\_\_\_\_

Ivy Poison, etc \_\_\_\_\_

Hay Fever \_\_\_\_\_

Penicillin \_\_\_\_\_

Other Drugs \_\_\_\_\_

Foods \_\_\_\_\_

Other \_\_\_\_\_

Operations or Serious Injuries? \_\_\_\_\_ Dates \_\_\_\_\_

Chronic or Recurring Illness? \_\_\_\_\_ Dates \_\_\_\_\_

Is Camper Currently Taking Any Medication? \_\_\_\_\_ Describe \_\_\_\_\_

Will Camper bring an epi pen or inhaler to camp? \_\_\_\_\_ Which one? \_\_\_\_\_

Will medication need to be taken while at camp? \_\_\_\_\_

(If so, please name medications with dosage and provide a doctor's note.)

Any Restrictions? Swimming \_\_\_\_\_ Diving \_\_\_\_\_ Foods \_\_\_\_\_ Sports \_\_\_\_\_ Other \_\_\_\_\_

**IMPORTANT** – Please notify the camp if camper is exposed to any communicable disease during the four weeks prior to camp attendance.

\_\_\_\_\_  
Signature of Parent or Guardian

**IMMUNIZATION HISTORY**

<b><u>VACCINES</u></b>	<b>Date of Basic Immunization Mm/yy</b>	<b>Date of Last Booster mm/yy</b>
Diphtheria	/	/
Pertussis (Whooping Cough) DPT	/	/
Tetanus or	/	/
Tetanus Diphtheria TD	/	/
Oral Polio (Sabin)	/	/
Injectable Polio (Salk)	/	/
Measles	/	/
Rubella	/	/
Mumps	/	/
H1N1	/	/
Hepatitis	/	/
Other	/	/

**HEALTH HISTORY**

*To best serve your child while in our care we need the following information. If yes, please provide details in the space at the bottom and back of the next page. Indicate YES or NO.*

**Has camper had:**

ADHD? \_\_\_\_\_  
PDD? \_\_\_\_\_  
Fainting Episodes? \_\_\_\_\_  
Autism? \_\_\_\_\_  
Asperger's? \_\_\_\_\_  
Diphtheria? \_\_\_\_\_

Frequent Ear Infections? \_\_\_\_\_  
Rheumatic Fever? \_\_\_\_\_  
Seizures/Convulsions? \_\_\_\_\_  
Diabetes? \_\_\_\_\_  
Chicken Pox? \_\_\_\_\_  
Measles? \_\_\_\_\_

