

Health History Form

Child's Name: _____
 Date of Last Medical Exam: _____
 Camper's Physician: _____
 Address: _____
 Phone Number: _____
 Child's Immunization History:

Vaccine	Date of Immunization
Diphtheria, Tetanus, and Pertussis (DTaP)	
Polio	
Measles/Mumps/Rubella (MMR)	
Hepatitis B	
Varicella (Chickenpox)	
Other (Specify)	

Child's Health Summary:

1. Describe any current health conditions, required medication (please list), treatment, or special restrictions of the camper while at camp. Write "none" if the camper doesn't have any.

2. Describe any past medical treatments relevant to Child's participation in camp. Write "none" if the camper doesn't have any.



3. Describe any activity restrictions of the Child while at Pasadena Humane. Write “none” if the Child doesn’t have any.

4. Describe any current mental or psychological conditions, required medication, treatment, or special restrictions of camper. Write “none” if the Child doesn’t have any.

5. Is there anything else that staff should know about your Child?

Child Signature Date

Preferred Pronouns: -----

Parent/Legal Guardian Signature Date

Preferred Pronouns: -----