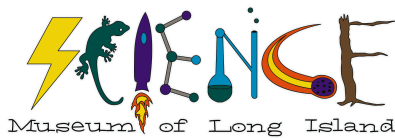


# FORM A



## Health History Form - Summer Camp 2023

(This form should be filled by parent before presentation to physician)

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_____	_____	/ /	M <input type="checkbox"/> F <input type="checkbox"/>
CHILD'S LAST NAME	FIRST NAME	BIRTHDATE	SEX

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Place of Employment: Father (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_  
Mother (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

If Parent, Guardian are not available in an emergency, notify:

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
or 2. \_\_\_\_\_ Phone: \_\_\_\_\_

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### HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

#### Allergies

- |  |   |
|--|---|
| <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Hay Fever _____        |
| <input type="checkbox"/> Seizures _____        | <input type="checkbox"/> Poison Ivy, etc. _____ |
| <input type="checkbox"/> Diabetes _____        | <input type="checkbox"/> Insect Stings _____    |
| <input type="checkbox"/> Asthma _____          | <input type="checkbox"/> Penicillin _____       |
| <input type="checkbox"/> Chicken Pox _____     | <input type="checkbox"/> Other Drugs _____      |
|  | <input type="checkbox"/> Food _____             |

Other Past Illnesses \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Hospitalization (Dates) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

**Conditions that require activity to be restricted?** \_\_\_\_\_

Permission for all program activities unless otherwise noted by Dr. \_\_\_\_\_

**Appliance worn (glasses, contacts, etc.)** \_\_\_\_\_

**Medication taken** \_\_\_\_\_

Suggestion from Parent/Guardian \_\_\_\_\_

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### CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in all Science Museum of Long Island Summer Camp Activities. I agree to notify SMLI of any changes in my child's physical or mental health between the dates of enrollment and the start of camp as well as during camp.

Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Tel.# \_\_\_\_\_

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