



MERCER COUNTY COMMUNITY COLLEGE—SUMMER CAMPS

HEALTH HISTORY & MEDICAL AUTHORIZATION FOR ALL PERSONS UNDER AGE 18

This form must be completed with immunization dates and returned with EACH camp application.

NOTE: A doctor's signature is NOT required on this form.

NAME OF STUDENT _____
Last First MI Birthdate

Male Female

Parent/Guardian #1 Name: _____ Daytime Phone: _____

Cell Phone: _____

Parent/Guardian #2 Name: _____ Daytime Phone: _____

Cell Phone: _____

Alt. Emer. Contact: _____ Daytime Phone: _____

Family Physician: _____ Daytime Phone: _____

PLEASE COMPLETE THE FOLLOWING:

For the safety of your child, do not withhold any pertinent medical information.

1. Were you ever advised not to allow this child to play in any sports? YES* NO
2. List any malfunction or loss of an organ: _____
3. List any allergies including bee stings, peanuts, hives, asthma: _____
4. Currently under physician's care for: _____
5. Current medications being taken: _____
6. Will your child need medication at camp N Y Name of Medication _____

If yes, please bring medication and doctor's signed authorization to the nurse on the first day your child attends camp.

7. Has this child: YES* NO
 - (a) had difficulty with sight?
 - (b) had difficulty with hearing?
 - (c) ever been unconscious after an injury?
 - (d) had a fracture or dislocation within the last three years?
 - (e) ever experienced high blood pressure?
 - (f) ever experienced chest pain/palpitations?
 - (g) had to stay in the hospital overnight within the last year?
 - (h) other _____
8. Does this child have a history of:
 - (a) fainting with exercise? _____
 - (b) undue tiredness/fatigue? _____
 - (c) a family member having sudden unexplained death under the age of 40? _____

* Please explain (attach extra pages if necessary.)

According to state law, all campers must be immunized or submit a statement from a physician that immunization is in progress.**

**IMPORTANT: Attach a CURRENT copy of
Immunization Record from Doctor's office.**

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Mercer County Community College to treat and/or send this person to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Mercer County Community College. My child's medical insurance carrier is _____.

I authorize MCCC to share pertinent health information with camp staff as needed to safeguard my child's health. My hospital of choice is _____. All information on this form is complete, true and accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

**NOTE

1. If there is a religious exemption to immunization of a child, a written statement must be submitted and signed stating that the child is in good health, that you (the parent) will assume full responsibility for his/her health while in camp, and that immunization interferes with the free exercise of the campers' religious rights.
2. If immunization is contraindicated for medical reasons, the parent or guardian shall submit to the camp a written statement signed by a licensed physician, indicating both the reason and length of the medical contraindication.

A COMPLETED COPY OF THIS FORM MUST BE SUBMITTED WITH EACH CAMP APPLICATION