

APPLE RIDGE FARM SUMMER ACADEMIC CAMP
HEALTH FORM

ALL CAMPERS MUST HAVE A HEALTH SCREENING BEFORE ATTENDING CAMP. THESE SCREENINGS ARE BEING CONDUCTED FREE OF CHARGE BY STAFF OF ROANOKE CITY HEALTH DEPARTMENT, THE TEEN HEALTH CENTER AND OTHER HEALTH PROFESSIONALS

Please complete the following form and bring it to the Health Screening.

CAMPER'S NAME _____

DATE OF BIRTH _____ Sex _____ SS# _____ Age _____

PARENT/GUARDIAN NAME _____

PHONE NUMBERS: _____

Mother
HOME _____ WORK _____ EMERGENCY _____

Father
HOME _____ WORK _____ EMERGENCY _____

Person to call in case of emergency
HOME _____ WORK _____ EMERGENCY _____

DOCTOR'S NAME _____ PHONE _____

Health Insurance (circle one) **Private Policy #** _____ **Medicaid** **None**

Insurance Company Name _____ Policy Holder Name _____

PLEASE CHECK ANY CONDITION THE CAMPER HAS HAD:

_____ Diabetes _____ Asthma _____ Epilepsy _____ Bee Sting Allergy _____ Food Allergy _____
Bleeds easily _____ Sickle Cell Anemia _____ Heart Problem _____ Medicine Allergy _____ Other _____

Explain any of the above that you have checked:

Does your child take medicine every day? ____ Yes ____ No

If yes, list what it is and how often your child takes it:

Does your child need to take medication during the camp day? ____ Yes ____ No

If yes, list what it is and how often your child takes it:

According to Virginia law, Section 32.1-45.1(A), we reserve the right to test for human immune deficiency virus or hepatitis B or C virus if exposed to body fluids with test results released to persons exposed.

Parent/Guardian Signature _____

Date _____

Please sign below giving permission for Apple Ridge to call the doctor or send the child to the hospital or release or exchange information with the physician listed above or other physicians in the event we cannot reach the child's physician and you cannot be reached.

Parent/Guardian Signature _____

Date _____