

Please Circle One:  
 Age 2 - Entering Kindergarten  
 Entering Grades 1 - 4  
 Entering Grades 5 - 8



**Health History Form 2010**

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO JUNE 1, 2010**

Camper Name \_\_\_\_\_ Male  Female  DOB \_\_\_/\_\_\_/\_\_\_  
 Parent/Guardian \_\_\_\_\_ Day Phone \_\_\_\_\_

**Health History** (Check, give approximate dates)

<b>Diseases</b>		<b>Allergies</b>
_____ Ear Tubes	_____ Chicken Pox	_____ Bee Stings
_____ Heart Defect/Diseases	_____ Measles	_____ Ant Bites
_____ Seizures	_____ German Measles	_____ Penicillin
_____ Diabetes	_____ Mumps	_____ Food (specify)
_____ Bleeding/Clotting Disorders	_____ Mononucleosis	_____
_____ Hepatitis	_____ Other	_____ Other (specify)
_____ Asthma		_____
_____ Counseling		_____
_____ Other		_____

**Allergies**

\_\_\_\_\_ Treatment \_\_\_\_\_  
 \_\_\_\_\_ Treatment \_\_\_\_\_

Operations or serious injuries/Dates: \_\_\_\_\_

Activities limited by physician: \_\_\_\_\_

Dietary Restrictions/modifications: \_\_\_\_\_

Current medications at home: \_\_\_\_\_

Medications to be given at camp: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALL CAMPERS MUST ATTACH A COMPLETED IMMUNIZATION RECORD. IF YOUR CHILD ATTENDS THE ADELSON EDUCATIONAL CAMPUS, IT IS THE PARENT'S RESPONSIBILITY TO GET THE IMMUNIZATION RECORD FROM THE SHOOL.**

**Return Form by June 1, 2010 to:**  
**Jewish Community Center of Southern Nevada**  
**4794 S. Eastern Ave., Suite C, Las Vegas, NV 89119**