

DEVELOPED AND APPROVED BY
AMERICAN CAMPING ASSOCIATION AND AMERICAN ACADEMY OF PEDIATRICS

(This is to be filled in by parent and checked with physician at time of examination.)

Name:	CIRCLE ONE		Birthdate:	Age:
	M	F		
Rotary Club of:	RYLA Chairperson:			
	Address:		Phone:	
Home Address:				
City:			State:	Zip Code:
Emergency Notify:			Phone: ()	
Address:			State:	Zip Code:

HEALTH HISTORY: (✓ Check - giving approximate dates)

<input type="checkbox"/> Frequent Colds _____	<input type="checkbox"/> Kidney Trouble _____	<input type="checkbox"/> Chickenpox _____
<input type="checkbox"/> Sore Throats _____	<input type="checkbox"/> Bed Wetting _____	<input type="checkbox"/> Measles _____
<input type="checkbox"/> Sinusitis _____	<input type="checkbox"/> Heart Trouble _____	<input type="checkbox"/> German Measles _____
<input type="checkbox"/> Abscessed Ears _____	<input type="checkbox"/> Athlete's Foot _____	<input type="checkbox"/> Mumps _____
<input type="checkbox"/> Bronchitis _____	<input type="checkbox"/> Sleep Walking _____	<input type="checkbox"/> Whooping Cough _____
<input type="checkbox"/> Fainting _____	<input type="checkbox"/> Rheumatic Fever _____	<input type="checkbox"/> Tuberculosis _____
<input type="checkbox"/> Convulsions _____	<input type="checkbox"/> Constipation _____	<input type="checkbox"/> Diabetes _____
<input type="checkbox"/> Upset Stomach _____	<input type="checkbox"/> Poliomyelitis _____	
<input type="checkbox"/> Serious Ivy, Oak or Sumac Poisoning _____	<input type="checkbox"/> Operations or Serious Injuries _____	

ALLERGIC REACTIONS:

<input type="checkbox"/> Frequent Colds _____
<input type="checkbox"/> Sore Throats _____
<input type="checkbox"/> Sinusitis _____

Additional information:

Any medicine currently being taken?

Any specific activities to be encouraged?

Any specific activities to be discouraged?

 Doctor's Name

 Address

 City State Zip Code

 Telephone:

IMPORTANT: Please notify the camp if the camper is exposed to any communicable disease during the three weeks prior to camp attendance.

SUGGESTIONS FROM PARENTS: Please attach additional sheets for your suggestions.

In the event emergency medical attention is required for a child at Camp RYLA, the providing of the attention will not be construed as an admission of liability on the part of Camp RYLA and cost for all emergency treatment and care must be borne by the parents of the involved child. Should Camp RYLA have voluntary insurance coverage to cover such expenses, such coverage will be limited to the excess over any other valid and collectible insurance carried by the injured child's parents. We, the parent or guardian, do [], do not [], have medical insurance coverage.

Don Cavalier, Chairman - UMC Career & Counseling Services
 Suite 254 Student Center, Crookston, MN 56716

 Signature of parent or guardian