

Return to:
Canisius College _____ Camp
2001 Main Street
Buffalo, NY 14208

Name _____ Birth Date _____ Sex _____ Age _____
Last First MI

Parent or Guardian (or Spouse) _____ Phone _____
Area Code & Number

Home Address _____
Street & Number City State Zip Code

If Not available in an Emergency, please notify:

1. _____ Phone _____
Name Relationship Area Code & Number

Street & Number City State Zip Code

2. _____ Phone _____
Name Relationship Area Code & Number

Street & Number City State Zip Code

HEALTH HISTORY:

(Check & give approximate dates if applicable only)

_____ Ear infection _____ Rheumatic fever _____ Convulsions _____ Diabetes _____ Behavior

_____ Loss of Paired Organ _____ Epilepsy _____ Glasses/Contacts _____ Hearing Impairment

Allergies (Check applicable)

_____ Hay fever _____ Ivy poisoning, etc _____ Insects _____ Penicillin _____ Other Drugs (_____)
List

Diseases (Check applicable & give approximate dates)

_____ Chicken pox _____ Asthma _____ Cancer/ Leukemia

List any medications currently taking _____

Surgeries or Serious Illnesses (Date & Type) _____

Chronic or Recurring Illness _____

Other diseases or details of above _____

Any Specific Activities to be:

Encouraged? _____

Avoided? _____

Suggestions from Parent/Guardian: _____

Physician Name : _____ Phone _____

HEALTH INSURANCE INFORMATION

Company _____

Policy Holder Name _____

IMPORTANT: Please notify the camp if the camper has been exposed to any communicable diseases during the three weeks prior to camp attendance.

Please Sign!!
Parents Authorization

This Health History is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by me. I attest that the camper named on this form has current Immunization and can provide record of Immunizations if requested.

Signature _____ Date _____

In the event I cannot be reached in an EMERGENCY I hereby give permission to the physician selected by the camp director to secure proper treatment for my child as named above.

Signature _____ Date _____