** Methodist University Summer Camp Health Screening Form**

**Camper Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**:\_\_\_\_\_\_\_\_\_\_\_

**Sex:** Female Male **Emergency Phone**:(\_\_\_\_\_)\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

*Please circle Yes or No for the following. Space provided if you need to expand.*

Chronic/Recurrent Illness? Yes No

Hospitalization? Yes No

Injuries Treated by Physician? Yes No

Current Medication? Yes No

Organs Missing? Yes No

Heat Exhaustion/Stroke? Yes No

Dizziness, Fainting, Convulsions and/or Headaches? Yes No

Knocked Out? Yes No

Concussion? Yes No

Wear Glasses or Contacts? Yes No

Hearing Defects? Yes No

Dental Appliances Bridge/Braces/Cap/Plate? Yes No

Cough/Pain? Yes No

Problems w/ Liver, Spleen, Kidney? Yes No

Hernia? Yes No

Recurrent Skin Disease? Yes No

Bone/Joint Injury? Yes No

Sprain Dislocation Yes No

Injury that caused a missed Practice/Event ? Yes No

Allergy to Medications? Yes No

Allergic Reactions? Yes No

Tetanus Booster in last Year? Yes No

*The above information is current and correct to the best of my knowledge.*

**Signature of Parent or Guardian**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

Methodist University (“the University”) is committed to maintain a supportive and safe environment. Within that commitment, the University places importance on creating a secure environment for children.