

Lincoln Park 2022 Summer Camp

BOROUGH OF LINCOLN PARK DEPARTMENT OF RECREATION

Mandatory Camper Health History Form

Required as per N.J.A.C. 8:25-5.5

Camper's Name: _____ Date of Birth: _____ Age as of 06/01/22 _____

Address: _____

Gender: Male Female Height _____ Weight _____ Date of Last Exam: _____

Please check all that apply, provide necessary details. IF NONE OF THE BELOW APPLY, PLEASE WRITE N/A					Parent Notes:
	Ear Infections				
	Heart Defect/Disease				
	Convulsions/Seizures	Most recent occurrence: _____			
	Hypertension				
	ADD / ADHD				
	Chronic / Recurrent Illness				
	Diabetes	glucose testing?	Yes	No	
		on insulin?	Yes	No	
		pump or injection?	Yes	No	
	Asthma	use of inhaler?	Yes	No	
		able to self-administer?	Yes	No	
	Allergies: Please check all that apply & list reactions				
	Food				
	Insect Stings				
	Poison Ivy				
	Hay Fever				
	Other (please list)				
	Prescribed Epipen	Self-Administer	Yes	No	

Additional Health Information and Other Comments on the information above:

This child is under the care of a physician for the following reason(s) and current treatment, including medications:

Are there any activities that your camper should be exempted from for health reasons? Please explain:

SPECIAL ACCOMMODATIONS: Please contact the Camp Directors to discuss any special concerns and/or accommodations that will enhance your child's camp experience. Our Directors will address all concerns and attempt to accommodate all requests - all information is confidential.

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(continued)

Immunization History:

Physician Information: PHYSICIAN'S RECORDS ARE ACCEPTABLE, you may attach them or physician may fax directly to us at 973-628-9512 with camper's name CLEARLY on the form.

Give YEAR of last immunization or booster for:

DPT Series _____ Tetanus Booster _____ Polio _____
Mumps _____ Measles (Rubella) _____ Tuberculin Test _____
Hepatitis B Series _____ Varicella (Chicken Pox) _____

Name of Family Physician: _____ Phone: _____

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_____ as the parent or guardian of _____
Print Parent/Guardian Name print name of child

_____ date

Immunization Records are required by the State of New Jersey.

**You may request that your physician fax the records to 973-628-9512
or email to lpummercamp@bolp.org.**

**Should your child be exempt from immunization requirements, you
MUST send a letter explaining the reason.**