

WOLVERINE CAMPS HEALTH HISTORY RECORD
Michigan Department of Social Services

AUTHORITY: PA 116 of 1973.
COMPLETION: is Required.
CONSEQUENCE: Rules violation citation.

Dear Parent or Guardian:

The following information is requested so that the Camp and parent can work together to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested. **(use back of form if additional space is required.)**

Child's Name (Last)		First	Middle	Sex	Date of Birth				
Address (Number and Street)		City		Zip	Telephone (Home)				
Parent's or Guardian's Name (Last)		First	Middle	Telephone (Work)					
Address (Number and Street)		City		Zip	Telephone (Emergency)				
Is your child having any of the problems listed below?		YES	NO	YES	NO				
1. Hay fever, asthma, or wheezing				7. Trouble with passing urine or bowel movements					
2. Eczema or frequent skin rashes				8. Shortness of breath					
3. Convulsions/seizures				9. Speech problems					
4. Heart trouble				10. Menstrual problems					
5. Diabetes				11. Dental problems					
6. Frequent colds, sore throats, ear aches (4 or more per year)				12. Other					
Please explain any problem areas identified above: Explain on back.									
Has girl been told about menstruation (Answer if appropriate) <input type="checkbox"/> YES <input type="checkbox"/> NO			Has girl menstruated (Answer if appropriate) <input type="checkbox"/> YES <input type="checkbox"/> NO						
Operations or Injuries Explain on back.									
Special Physical, Emotional, or Behavioral Considerations Explain on back.									
Medications Needed or Used (including Psychiatric) Explain on back. <input type="checkbox"/> I prefer my child's medication be given in private.					Currently Being Given				
Kind	Frequency	Dosage		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugs), Bedwetting, Fainting, Sleep Walking, etc. Explain on back.									
IMMUNIZATION		Polio	Mumps	Diphtheria	Tetanus	Pertussis (Whooping Cough)	Measles	Rubella	Other
	Date Initial Immunization Completed								
	Date of Most Recent Booster								
Should the child's activity be restricted because of any physical defect or illness? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain degree of restriction: Explain on back.									
I certify that this information is true to the best of my knowledge.		Parent or Guardian Signature X			Date				

MEDICAL EMERGENCY CARE AUTHORIZATION
Michigan Department of Social Services

Notice: By Signing you are granting the operator of the children's camp organization authority to secure emergency medical, surgical treatment for your child while attending camp. If there is insufficient time to contact you.

You are also giving the camp operator, permission to secure routine, nonsurgical medical care for your child while attending camp.

In accordance with MCLA Act 116 of the Public Acts of 1973 and the rules for licensing children's camps, this authorization must be signed by a parent or guardian unless there is religious objection.

MCLA 722.124a, Section 14a(2) states: "A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, nonsurgical medical care."

Name of Child (Print Last Name, First Name)	
I hereby give permission to the children's camp named above, which is licensed by the Department of Social Services, to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp.	
Parent Signature X	Date of Signature
Parent Signature X	Date of Signature
Insurance Contract Number X	
The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.	