



DEERFIELD PARK DISTRICT  
HEALTH HISTORY AND  
EMERGENCY FORM

Please complete this form and return it to the Deerfield Park District prior to the first day of camp. Thank you for your cooperation. Please print neatly. Please complete both sides of this form.

Name of Camp \_\_\_\_\_ Location of Camp \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Male / Female \_\_\_\_  
Birth date \_\_\_\_\_ Grade as of Fall 2008 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_  
Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_  
Caregiver's Name (if applicable) \_\_\_\_\_ Caregiver's Cell Phone \_\_\_\_\_

**Part I: Emergency Contact Information** (You must list a contact)

Name of LOCAL person (within a 20-minute drive) to be called in event neither parent can be reached in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Person (s) you would permit to pick up your child: \_\_\_\_\_  
\_\_\_\_\_

**Part II: Physician's Information**

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of last health exam: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

**Part III: Allergies** (Please list all allergies and reactions)

Allergy to: \_\_\_\_\_  
\_\_\_\_\_  
Reaction: \_\_\_\_\_  
Child requires: Epi-Pen: \_\_\_\_\_ Yes \_\_\_\_\_ No Benadryl: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Asthmatic: \_\_\_\_\_ Yes \_\_\_\_\_ No Child requires: Inhaler: \_\_\_\_\_ Yes \_\_\_\_\_ No

**FOR OFFICE USE ONLY**

Medication Distribution Form on File: \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Must have a completed Medicine Distribution Form on file in order to dispense any medication)

