

## Super Star Summer Camp Health Form

(Please return *original* form. Your child cannot attend camp without *this* form being completed.)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**E-mail address for news and announcements:** \_\_\_\_\_

### *In case of emergency, if the parents are not available, please contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Health History

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Diseases:** (Check, giving approximate dates)

\_\_\_\_\_ Chicken Pox \_\_\_\_\_ Asthma \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Stomach Trouble \_\_\_\_\_ Kidney Trouble

\_\_\_\_\_ Other (explain): \_\_\_\_\_

Details: \_\_\_\_\_

**Allergies:**

\_\_\_\_\_ Hay Fever \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Insects \_\_\_\_\_ Foods \_\_\_\_\_ Asthma \_\_\_\_\_ Medications

\_\_\_\_\_ Other

Type of Reaction: \_\_\_\_\_

**Operations or Serious Injuries:** \_\_\_\_\_

**Immuizations: All dates must be included for each immunization and series!**

DPT Series: \_\_\_\_\_ Oral Polio: \_\_\_\_\_

M.M.R.: \_\_\_\_\_ HIB: \_\_\_\_\_ Other: \_\_\_\_\_

**Please Note: Medications will NOT be administered at camp!**

**Signature of person filling out this form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Super Star Summer Camp Confidential Camper Information Sheet

(Please return *original* form. Your child cannot attend camp without *this* form being completed)

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_

Camp Age as of September 1 of this year: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_

***"The" Gymnastics and Cheerleading Academy has my permission to use photographs and/or video of my children for publicity purposes, including, but not limited to, use on the internet and "The" Gymnastics and Cheerleading Academy website.***

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please initial here if you **do NOT** give permission:* \_\_\_\_\_

1. Has your child attended camp before? \_\_\_\_\_
2. Does your child have any specific fears? \_\_\_\_\_
3. Can your child swim? \_\_\_\_\_ Does he/she have fears about the water? \_\_\_\_\_  
\_\_\_\_\_
4. What is your child's swimming ability? \_\_\_\_\_
5. What are your expectations for your child's swimming lessons? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How does your child feel about going to camp? \_\_\_\_\_  
\_\_\_\_\_
7. Does your child take any medication regularly? \_\_\_\_\_  
If so, *what is it* and *what is it for*? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Does your child have any learning disabilities or emotional needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Is there any additional information about your child that you feel might be helpful for the camp staff to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_