

City of Los Angeles
Dept. of Recreation & Parks



Girls Camp
**CAMP
HOLLYWOODLAND**

3200 Canyon Drive
Hollywood, CA 90068
(323) 467-7193

HEALTH HISTORY FORM

Should anything happen to the camper that would alter this health history information after this form is sent and before arrival at camp, please let the camp know immediately.

Camper's Name _____ Birthdate _____

Address _____ City _____ Zip _____

Parent/Guardian _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Doctor (Name) _____ Phone _____

PLEASE CHECK IF THE CAMPER HAS HAD THE FOLLOWING:

			<u>Month and Year of Last Immunization or Booster</u>	
Chicken Pox	Mumps	Frequent Colds	Example: <u>JAN</u> <u>2014</u> Tetanus	
Measles	Sinus Trouble	Headaches	_____	_____ Tetanus
German Measles	Ear Infection	Bed Wetting	_____	_____ Diphtheria
Rheumatic Fever	Tonsillitis	Fainting	_____	_____ Whooping Cough
Scarlet Fever	Appendicitis	Constipation	_____	_____ Polio
Diphtheria	Asthma	Stomach Upset	_____	_____ Mumps
Heart Trouble	Hay Fever	Skin Rash	_____	_____ Measles
Tuberculosis		Nosebleeds	_____	_____ Hepatitis
			_____	_____ COVID-19(last dose)

_____ Initials of Parent or Guardian *Initials required to confirm all noted immunizations are up-to-date.

Please describe any health, dietary or camp activity restrictions:

Allergies: _____

Can the Camper be given the following or its generic form:

Tylenol Advil Motrin Mylanta Pepto Maalox Benadryl

Has the camper received Medical or Psychological treatment during the past year? Yes No

Date _____ Reason _____

Does camper take medication at present? Yes No

If so, what medication _____

Does camper have any current physical, mental, Yes No
emotional concerns?

Additional Remarks: _____

CAMP DIRECTOR MUST BE NOTIFIED IF MEDICINE IS BROUGHT TO CAMP.

**AUTHORIZATION FOR CONSENT TO TREATMENT OF MINOR AT AUTHORIZED
HEALTH CARE FACILITY IN THE EVENT OF
EMERGENCY, ILLNESS OR ACCIDENT**

I (We), the undersigned parent(s)/guardian of _____, a minor, do hereby authorize the staff of Camp Hollywoodland as agent(s) for the undersigned to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act and on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the conclusion of the event, unless sooner revoked in writing and delivered to said agent(s).

Original Signature Required in Black or Blue Ink

DATE: _____ Parent/Guardian _____

DATE: _____ Parent/Guardian _____

DATE: _____ Parent/Guardian _____

PRESCRIPTION DRUGS MUST BE SENT TO CAMP IN PACKAGING WITH OFFICIAL PRESCRIPTION LABEL!

**Complete form with original
signature and turn in at camp sign-in.**