

**CAMP ROYAL 2010 – Registration Form
HEALTH INFORMATION**

Mail completed forms to:
Camp Royal Committee
c/o Steven Shagrin
1141 Roxie Ln.
Walnut Creek, CA 94597-1806

Camper Name _____

Rotary Club _____

HEALTH HISTORY & DOCTOR'S CERTIFICATION

Note to Parents: Please fill out the following form completely. Please have your family physician fill out the Doctor's Certification. **Sports health evaluations and screenings are not accepted** – Information **MUST** be current. Thank You.

HEALTH HISTORY

1

DISORDERS:

Ear Infections _____
Heart Defects _____
Convulsions _____
Diabetes _____
Bleeding _____

ALLERGIES:

Hay Fever _____
Ivy Poisoning _____
Insect Stings _____
Penicillin _____
Other drugs _____

DISEASES:

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____
Asthma _____

Operations or serious injuries (name and give dates): _____

Other diseases or conditions and/or details of above: _____

Dentist or orthodontist: _____ Phone: _____

Does the family carry medical/hospital insurance? _____ Carrier _____

Policy or Group # _____

DOCTOR'S CERTIFICATION:

2

This section must be completed for registration to be accepted.

DATE OF LATEST TETANUS-TOXOID IMMUNIZATION: _____

This is to certify that the above named camper has recently been examined by me and was found in good health _____ or was found to have the following condition/s:

and (circle one) **WILL** or **WILL NOT** be able to participate in Camp Royal sports activities. His/her condition (circle one) **DOES** or **DOES NOT** require medications that are necessary at Camp. Those medications are: _____

Physician's Signature: _____ Date: _____

Phone: _____ Doctor's Printed Name: _____

Doctor's Address: _____

Notes to Camp Medical Staff: _____