

**CAMP ROYAL 2012 – Registration Form  
HEALTH INFORMATION**

Mail **original** completed form 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: \_\_\_\_\_