



Easter Seals Wisconsin
Wisconsin Elks/Easter Seals Respite Camp
Camp Wawbeek

Volunteer Health History-

HW-2, 5, 7

Last Name: _____ First Name: _____

Sex: _____ Birth Date: _____ Age: _____

Current Address: _____

City, State, Zip: _____

Permanent Address: _____

City, State, Zip: _____

Medical Insurance Company: _____

Policy Number: _____

Emergency Contact Person: _____ Relationship: _____

Contact's Phone Numbers: Home: _____ Work: _____

Contact's Address: _____

City, State, Zip: _____

Name of Regular Physician: _____ Phone _____

Address: _____

City, State, Zip: _____

RECOMMENDED IMMUNIZATIONS:

Please Attach a Copy of your Immunization Records

Date of last Tetanus: _____

Dates of Hepatitis B Series: 1st _____ 2nd _____ 3rd _____

Dates of MMR: 1st _____ 2nd _____

ALLERGIES: List all known (medications, food, environmental)

CURRENT MEDICATIONS: List Name, Dosage, Time taken, and Reason for taking

Additional health information that would be helpful for nursing staff (use back as needed). Including activity restrictions, past medical treatments, any current physical, mental or psychological conditions that might require treatment while at camp _____

I certify that the answers given above are true and complete to the best of my knowledge.

Staff Signature: _____ **Date:** _____

If Staff Member is under 18 Years:

Parent/Guardian Signature: _____ **Date:** _____