HEALTH HISTORY FORM
2017 NRA NATIONAL JUNIOR SMALLBORE RIFLE CAMP
July 05 -July 10, 2017 Camp Perry, Ohio
Revision Date: 3/1/2017

Camper's Information:

1. (Print) Name: _____ Address: _____

City:_____ State:___ Zip:_____

Parent's Home Phone: _____ Work Phone: _____

Health/Accident Insurance Company: _____

Policy No.: _____ ID No.: _____

Camper has or is subject to (Check if yes):

☐ Asthma □ Heart Trouble □ Diabetes
☐ Convulsions □ Fainting Spells □ Bleeding Disorders
☐ Allergy to any medications, food, plants, animal or insect toxins.
☐ Any condition that may require care, medication, or diet.

Explain: _____

_____

☐ Check here if none of the above apply.

☐ Check here if this is camper's first time away from home.

4. Does camper have difficulty with (Check if yes):

□ Homesickness □ Digestion □ Lungs
□ Bed-wetting □ Sleep Walking □ Eyes/Ears/Nose/Throat

5. Condition now requiring medication? □ Yes □ No Medication: _____

6. Any restrictions of activity for medical reasons? □ Yes □ No

Explain:_____

7. Immunizations: Date of last Inoculation

Tetanus Toxoid _____ Polio _____ Mumps _____
Diphtheria _____ Measles _____ Rubella _____
Pertussis _____

8. PARENT AUTHORIZATION: This health history is correct to the best of my knowledge and belief, and the person herein described has my permission to engage in all prescribed activities, except as noted by me. In the event my child should require medical attention for any reason and I cannot otherwise be reached, I hereby give permission to the National Rifle Association (NRA) or such other employee or person as the NRA may designate to act in my stead and to authorize such medical treatment as my child, in the opinion of the treating physician, may require.

Information contained on this document will be treated as confidential and is requested only for the purpose of obtaining medical help in the event that it should become necessary.

Signature: _____ Date: _____

(Parent or Guardian)

9. In Case of Emergency, please notify: Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____

Notarized by: _____ Signature: _____