

Health History: Check by giving approximate dates

Ear Infections: _____	Hay Fever: _____	Chicken Pox: _____
Rheumatic Fever: _____	Ivy Poisoning: _____	Measles: _____
Convulsions: _____	Insect Stings: _____	German Measles: _____
Diabetes: _____	Penicillin Allergy: _____	Mumps: _____
Behavior: _____	Asthma: _____	Other: _____

Other Drug Allergies: _____

Operations or serious injuries (include date): _____

Chronic or recurring illness: _____

Other diseases, allergies, or details of above: _____

Restricted activities: _____

Current medication taken at home: _____

Medication that will need to be taken at camp: _____

Immunization History:

Please attach a copy of your child's immunization record from your doctor. These records/dates are needed to meet with requirements of the New York State Department of Health. They can also be emailed to: dykenpond@rensko.com or faxed to: Rensselaer County Dyken Pond Center at: 518 266-7518.

*** Please See Reverse Side ***