



TILW Eastchester Bridge and Enrichment Programs
Medical History Form

All questions must be answered by a legal guardian.

Camper's Last Name:

First Name:

Date of birth:

Gender:

Legal Guardian's Last Name:

First Name:

Address:

Home Telephone:

Cell Phone Number(s):

Place of Employment's Phone Number:

Emergency Contact, Relationship, and Phone Number:

Physician's Name, Address, and Phone Number:

Camper's Dentist's Name, Address, and Phone Number:

Name of Person Completing this Form:

Questions:

All Questions must be answered in order for your child to participate in Summer Experience.

1. Has your child had any recent operations or injury? If yes, please explain.
2. Has your child been exposed to any communicable disease? If yes, please explain.
3. State all allergies your child has, including foods, drugs, materials and bites.
4. Does your child require an Epi-pen or other response to an allergy? If yes, please explain.
5. Please list **all** medications your child takes, including dose and times.
6. Does your child have any history of seizures? If so, please explain what type?
7. Does your child suffer from any illness? If yes, please explain.
8. Has your child had a recent concussion? If yes, please explain.
9. Is there any reason your child may not participate in any activities? If yes, please indicate which activities and please explain.