



# TILW SUMMER EXPERIENCE

## Medical History Form



*All questions must be answered by a legal guardian.*

Camper's Last Name:

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First Name:

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Date of birth:

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Gender:

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Legal Guardian's Last Name:

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First Name:

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Address:

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School District:

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Home Telephone:

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School Name:

Cell Phone Number(s):

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Place of Employment's Phone Number:

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Emergency Contact, Relationship, and Phone Number:

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Physician's Name, Address, and Phone Number:

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

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Name of Person Completing this Form:

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## Questions:

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

*For each of the following, please circle Yes or No:*

1. Has your child had any recent operations or injury?  
Yes | No            If yes, please explain.
  
2. Has your child been exposed to any communicable disease?  
Yes | No            If yes, please explain.
  
3. Does your child have any allergies?  
Yes | No            If yes, please 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?  
Yes | No            If yes, please explain.
  
5. Does your child take any medications?  
Yes | No            If yes, please list **all** medications your child takes, **including dose and times.**
  
6. Does your child have any history of seizures?  
Yes | No            If so, please explain what type?
  
7. Does your child suffer from any illness?  
Yes | No            If yes, please explain.
  
8. Has your child had a recent concussion?  
Yes | No            If yes, please explain.
  
9. Is there any reason your child may not participate in any activities?  
Yes | No            If yes, please indicate which activities and please explain.

Authorized Signature: By signing below, I acknowledge that all the information provided is true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_