

**SewFabulous Sewing School's Sew Fun Camp**  
**Health form**

**DATE:** \_\_\_\_\_

**Camper Name**

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

Home phone# \_\_\_\_\_ Cell phone # \_\_\_\_\_ Work phone# \_\_\_\_\_

**Address – Home** (Street City, State, Zip code)

\_\_\_\_\_

**Emergency Contact**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Relationship to camper:** \_\_\_\_\_

**Doctor's Name, Address and Phone #**

\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATIONS Tetanus (within past 10 years) Date** \_\_\_\_\_

**MMR (measles, mumps, rubella) Dates** (1) \_\_\_\_\_ (2) \_\_\_\_\_

**HAS THE CAMPER EVER HAD ANY OF THE FOLLOWING? (Circle any that apply)**

**\*Allergies Dizziness/fainting**

**Anemia Ear problems**

**Arthritis/joint/muscles problems**

**Epilepsy/seizures**

**Asthma/bronchitis/hay fever**

**Headache (recurrent)**

**Back problems Head injury**

**Bladder/kidney problems Heart problems**

**Blood disorder Hepatitis/liver disease**

**Bones (injury or disease) High/low blood pressure**

**Breath (shortness of) Skin problems**

**Convulsions Stomach problems**

**Depression (frequent) Vision problems**

**Diabetes Other:** \_\_\_\_\_

**\*If the camper has any allergies, name them**

\_\_\_\_\_.

**Does the camper carry an EPI Pen? Circle one – Yes No**

**If you checked "yes" to any of the above, please explain on the next page.**

**Does the camper have special medical needs or an unusual medical history?**

**Yes**\_\_\_\_ **No**\_\_\_\_

**If you checked "yes," please explain on the back of this page.**

**Is the camper currently taking medication? Yes**\_\_\_\_ **No**\_\_\_\_

**If "yes" please list them:**

\_\_\_\_\_

**Please specify if the camper will need to take medication during camp hours?**

**Yes**\_\_\_\_ **No**\_\_\_\_ **If "yes" When:**\_\_\_\_\_

**If you checked "yes," please give any instructions on the back of this page.**

**SewFabulous Sewing School's Sew Fun Camp**  
**Health form**

**Please specify any special diet restrictions**

---

---

**Do you give permission for your child to be photographed by SewFabulous Sewing School Staff while participating in activities? Yes\_\_\_\_\_ No\_\_\_\_\_**

**If "yes" do you give SewFabulous Sewing School permission to use these photos in future publications? Yes\_\_\_\_ No\_\_\_\_**

**Any comments/instructions regarding photography:**

---

---

---

**By signing below I acknowledge that the information in this form is correct to the best of my knowledge and SewFabulous Sewing School is not responsible for information not included on this form.**

Signature\_\_\_\_\_Date\_\_\_\_\_

**By signing below, I give SewFabulous Sewing School personnel my permission to act on my child's behalf concerning health care and medications that need administering should I be unable to do so myself. I covenant not to sue SewFabulous Sewing School, its agents or its employees as a result of this procedure. I certify that the above information is correct to the best of my knowledge.**

Signature\_\_\_\_\_Date\_\_\_\_\_

**INSURANCE MANDATORY!!!**

**Insurance Co.:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Group #:** \_\_\_\_\_ **Effective date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**PLEASE EXPLAIN:**

---

---

---

---

---

---

---

---