HEALTH HISTORY RECORD

MAYBURY FARM

Michigan Department of Licensing and Regulatory Affairs

Dear Authorized Person:

sted. (Use back of	form if additio	nal space is re	equired.) "Autho	orized	d pei	rson	" meai	ns a paren	nd emotional ne t, guardian, or a	dult camper		nee.				
Camper's Name (Last)									Middl	e	Sex	Date of Birth				
Address (Number and Street)										Zip Telephone (none (H	Home)	
Authorized Person's Name (Last) First									Middl	Middle			Telephone (Work)			
Address (Number and Street)										Zip Telephor			none (E	Emerç	jency)	
camper having an	y of the proble	ems listed belo	ow?	Yes	N	lo								Yes	No	
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					┼╞	╡┼			blems					⊢⊢	┤┢╡	
Year)																
Yes	old about mer	nstruation (ans	swer if appropria	ate)			Has s	he menstr Yes			:)					
n Any Special Hea	llth, Behaviora	al or Emotiona	l Consideration	(S)												
		Modication	Noodod of Lico	d (In	aludi	ing [Devehi	atric)				Curr	onthy Pr	oina (Sivon	
Kind Frequency					ciuu	ing i	i Sycili		е							
													Yes		No	
													Yes		No	
											Yes				No	
al conditions to be	watched for s	uch as ALLER	RGY (Reactions	to fo	od,	Peni			ıgs), Bedwetting	, Fainting, S	Sleep Wa	ılking, e				
	Polio	Mumps	Diphtheria	Т	etar	nus	(V)	/hooping	Measles	Rubella	Нера	ititis B		/Other		
Date Initial Immunization Completed																
Date of Most Recent Booster																
	ivity be restric	• • • • • • • • • • • •	f any nhysiaal l	imita	tion	or ill	Iness?			es Ifve	es, expla	in door	an of re	otriot	ion:	
the camper's act											es, expla			estrict		
y that this informa st of my knowledg	tion is true to		Person's Signa								es, expla	Date		estrict		
	ized Person's Nar ss (Number and S camper having an Hay fever, asthma Eczema or freque Convulsions/seizu Heart Trouble Diabetes Frequent colds, sc Year) e explain any prob e explain any prob alle has she been t Yes tions or Injuries n Any Special Heat an Any Special Heat bions to be n Any Special Heat an Any Special Heat bions to be bate of Most Recent	ized Person's Name (Last) (Number and Street) (Camper having any of the proble Hay fever, asthma, or wheezing Eczema or frequent skin rashes Convulsions/seizures Heart Trouble Diabetes Frequent colds, sore, throats, ear Year) e explain any problem areas iden the has she been told about mer Yes No tions or Injuries In Any Special Health, Behaviora	ized Person's Name (Last) ss (Number and Street) camper having any of the problems listed belo Hay fever, asthma, or wheezing Eczema or frequent skin rashes Convulsions/seizures Heart Trouble Diabetes Frequent colds, sore, throats, ear aches (4 or Year) e explain any problem areas identified above i le has she been told about menstruation (ans Yes No tions or Injuries n Any Special Health, Behavioral or Emotiona Medication Freque I conditions to be watched for such as ALLEF Date Initial Immunization Completed Date of Most Recent	ized Person's Name (Last) First Samper having any of the problems listed below? Hay fever, asthma, or wheezing Eczema or frequent skin rashes Convulsions/seizures Heart Trouble Diabetes Frequent colds, sore, throats, ear aches (4 or more per Year) a explain any problem areas identified above including any cu le has she been told about menstruation (answer if appropria Yes No tions or Injuries Any Special Health, Behavioral or Emotional Consideration Medication Needed of Use Frequency I conditions to be watched for such as ALLERGY (Reactions Polio Date Initial Immunization Completed Date of Most Recent	ized Person's Name (Last) ss (Number and Street) camper having any of the problems listed below? Hay fever, asthma, or wheezing Eczema or frequent skin rashes Convulsions/seizures Heart Trouble Diabetes Frequent colds, sore, throats, ear aches (4 or more per Year) rexplain any problem areas identified above including any current le has she been told about menstruation (answer if appropriate) Yes No Ions or Injuries Medication Needed of Used (In Frequency I conditions to be watched for such as ALLERGY (Reactions to for Date Initial Immunization Completed Date of Most Recent	ized Person's Name (Last) ized Person's Name (Last) ized Person's Name (Last) is (Number and Street) ized Prever, asthma, or wheezing ized Person or frequent skin rashes ized Person or frequ	ized Person's Name (Last) is (Number and Street) is (Numper having any of the problems listed below? Yes No Strequent colds, sore, throats, ear aches (4 or more per Year) is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas identified above including any current infection is explain any problem areas any current inf	ized Person's Name (Last) ized Person's Name (Last) is (Number and Street) is (Number and Street) is amper having any of the problems listed below? Yes No Hart Trouble Diabetes Requent colds, sore, throats, ear aches (4 or more per Year) recupation any problem areas identified above including any current infectious disc No Yes No	ized Person's Name (Last) First ss (Number and Street) City camper having any of the problems listed below? Yes No Hay fever, asthma, or wheezing 0 7. Trouble w Eczema or frequent skin rashes 0 8. Shortness Convulsions/seizures 0 9. Speech prime Heart Trouble 10 Menstrual 10 Menstrual Diabetes 0 11. Dental pro- 12. Other Frequent colds, sore, throats, ear aches (4 or more per veral) 12. Other Yes ie has she been told about menstruation (answer if appropriate) Has she menstruations or Injuries Yes in Any Special Health, Behavioral or Emotional Consideration(s) Yes Dosag Medication Needed of Used (Including Psychiatric) Frequency Dosag It conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugouph) Interview Date Initial Polio Mumps Diphtheria Tetanus Pertussis (Whooping couph) Interview Interview Interview Interview Inter It condi	ized Person's Name (Last) First Middl ss (Number and Street) City camper having any of the problems listed below? Yes No Hay fever, asthma, or wheezing 0 7. Trouble with passing urine Eczema or frequent skin rashes 0 8. Shortness of breath Convulsions/seizures 0 9. Speech problems Heart Trouble 10 Menstrual Problems Diabetes 11. Dental problems Frequent colds, sore, throats, ear aches (4 or more per lear) 12. Other Yes No 12. Other explain any problem areas identified above including any current infectious diseases: 1 No Yes No Yes No 12. Yes No Yes No 12. Yes No Yes No 10. Yes No Yes No 10. Yes No Yes No 10. Yes No Yes Do 10. Identation Needed of Used (Including Psychiatric). Y	ized Person's Name (Last) First Middle ized Person's Name (Last) First Middle ss (Number and Street) City Zip aramper having any of the problems listed below? Yes No 7. Hay fever, asthma, or wheezing 0 7. Trouble with passing urine or bowel m Convulsions/seizures 0 9. Speech problems Heart Trouble 0 10 Menstrual Problems Diabetes 0 11. Dental problems Frequent colds, sore, throats, ear aches (4 or more per regain any problem areas identified above including any current infectious diseases: Image: Construct of the properties of the propertis of	ized Person's Name (Last) First Middle signed and Street) City Zip camper having any of the problems listed below? Yes No Hay fever, asthma, or wheezing 0 7. Trouble with passing urine or bowel movement Eczema or frequent skin rashes 0 8. Shortness of breath Convulsions/seizures 0 9. Speech problems Heart Trouble 0 10. Mestant Problems Diabetes 0 11. Dental problems Frequent colds, sore, throats, ear aches (4 or more per Year) 12. Other Yean 12. Other Year) explain any problem areas identified above including any current infectious diseases: Image: Strate S	Interview Interview	Image: Control is not speed on the second speed of the speed of	Interview Interview	