



ENGLISH LANGUAGE INSTITUTE (ELI)

Return to Summer Office at:

4525 Union Avenue | San Jose, California 95124 | USA

Phone: 408.553.5738 | Fax: 408.553.5735

Email: SummerELI@harker.org | www.harker.org/ELI

2019
ELI

Health History Form

This form is required for all students

Student's Name: _____ Date of Birth: _____ Age: _____ Grade in Fall: _____ Sex: _____

Parent/Guardian: _____ Home Phone: () _____

Mother's Work Phone: () _____ Cell Phone: () _____

Father's Work Phone: () _____ Cell Phone: () _____

If not available in an emergency, notify:

Name: _____ Phone: () _____

Name of Pediatrician/Physician: _____ Phone: () _____

Name of Dentist/Orthodontist: _____ Phone: () _____

Medical/Hospital Insurance Carrier: _____
(Attach photocopy of insurance card, if available)

Group Number: _____ I.D.Number: _____

Is any medication taken at home? _____

Is any medication to be given at camp? _____

Although it is unlikely, if your child requires transportation by ambulance to an emergency room, you may be able to request a choice of hospitals. Please list the hospital of your choice: _____

IMMUNIZATION HISTORY - DATE OF BIRTH ___/___/___

IMMUNIZATION RECORD: Applications will not be processed without this completed form. Attach to this form two (2) photocopies of your child's immunization record, signed or stamped with your physician's or clinic's name. (Please do not send original immunization record.) Immunizations that were submitted for summer 2018 are on file. If you are a new student or you didn't submit an immunization record from last summer, you must do so with this application.

Date of last tetanus shot: ___/___/___

(continue on back side)



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If your child has asthma, please explain what triggers the asthma, and what medication or treatment should be provided:

Please note anything to which your child is allergic, including food allergies, what kind of reaction occurs, and what medication or treatment should be provided. Please also list any dietary restrictions.

Allergic to:

Reaction:

Medication/Treatment:

Past medical treatment, hospitalizations, serious illnesses or surgery:

Are there any disabilities, physical or emotional, which limit your child's participation in classroom activities, recreation, competitive sports or any other camp activity? Is there anything about your child's health, past or present, you would like to explain?

IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

X

Signature of parent or legal guardian

Date

If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver, which must be signed for attendance.

**YOUR APPLICATION WILL NOT BE PROCESSED
WITHOUT THIS COMPLETED HEALTH FORM**