**STATEMENT OF HEALTH**

**(Developed and Approval by the American Camping Association)**

**Health History** (Yes or No – If Yes give approximate dates):

Frequent Colds Click here to enter text. Kidney Trouble Click here to enter text.

Chicken Pox Click here to enter text. Frequent Sore Throats Click here to enter text.

Bed Wetting Click here to enter text. Measles Click here to enter text.

Sinusitis Click here to enter text. Heart TroubleClick here to enter text.

German Measles Click here to enter text. Abscessed Ears Click here to enter text.

Athlete’s Foot Click here to enter text. Mumps Click here to enter text.

BronchitisClick here to enter text. Sleep Walking Click here to enter text.

Whooping Cough Click here to enter text. FaintingClick here to enter text.

Rheumatic Fever Click here to enter text. Tuberculosis Click here to enter text.

Serious Ivy, Oak or Sumac Poisoning Click here to enter text.

Operations or Serious Injuries Click here to enter text.

**Allergic Reactions to:**

Bee Sting Click here to enter text. Penicillin Click here to enter text.

Other Drugs Click here to enter text.

Any medicine currently being taken? Click here to enter text.

Any specific activities for which participation in would affect health? Click here to enter text.

**General Statement of Health** Click here to enter text.

**Important Notice –** If there are any health changes after submission of the health statement or if there is any exposure to any communicable disease during the three weeks prior to attendance at RYLA, the RYLA Administration must be noticed prior to attendance.