

# Camper Health History

<b>Wilderness</b> <input type="checkbox"/>		
<b>Wapo</b>		
<input type="checkbox"/> Seeds	<input type="checkbox"/> Youth	<input type="checkbox"/> Fishing
<b>Ox Lake</b>		
<input type="checkbox"/> Village	<input type="checkbox"/> Horse	<input type="checkbox"/> TIM Team
Journey: <input type="checkbox"/> Cross <input type="checkbox"/> Heart <input type="checkbox"/> Running		
<b>Luther Dell</b>		
<input type="checkbox"/> Youth	<input type="checkbox"/> Roots	<input type="checkbox"/> Fishing



## Personal Information

Camper Name: \_\_\_\_\_ M/F \_\_\_\_\_ Age: \_\_\_\_\_  
 (Last) (First)

Home Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Emergency Contact Information

Custodial Parent(s)/Guardian (Please include both mother and father or guardian names, and star preferred contact)

Name(s): \_\_\_\_\_

Phone Mother: H: ( \_\_\_\_\_ ) \_\_\_\_\_ W: ( \_\_\_\_\_ ) \_\_\_\_\_ C: ( \_\_\_\_\_ ) \_\_\_\_\_

Phone Father: H: ( \_\_\_\_\_ ) \_\_\_\_\_ W: ( \_\_\_\_\_ ) \_\_\_\_\_ C: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact (If parent/guardian cannot be reached)

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Phone: H: ( \_\_\_\_\_ ) \_\_\_\_\_ W: ( \_\_\_\_\_ ) \_\_\_\_\_ C: ( \_\_\_\_\_ ) \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone( \_\_\_\_\_ ) \_\_\_\_\_

## Insurance

Custodial Parent(s) or Guardian of camper is financially responsible for healthcare provided by out-of-camp providers. Rx needed while at camp will be sent to camper insurance with Copay billed to Custodial Parent(s) or Guardian.

Carrier Name: \_\_\_\_\_ Group Policy # \_\_\_\_\_

\*\*\*It is essential to send a copy (front and back) of camper's insurance card with this document\*\*\*

## Parental Authorization

My child has permission to engage in all camp activities, except as noted: \_\_\_\_\_

I authorize the camp to provide routine healthcare, administer prescribed medications and over the counter medications per camp standing orders. In the event that I cannot be reached in an emergency, I give permission to transport my child by camp vehicle or local ambulance and for they physician selected by the camp to secure proper treatment for, to hospitalize, and to order injection, anesthesia or surgery for my child as named on this form. I also authorize the release of health information paperwork for my child as needed in an emergency. I authorize this form to be copied for out-of-camp trips. It is the policy of this camp to contact Custodial Parent(s) or Guardian in the event of a serious injury, severe illness or other incident involving your child. The authority for this decision is with the Healthcare staff, Site Director or Executive Director.

I hereby certify that the information contained within this Health History document is, as of this date, accurate and complete.

Consent Authorization Signature \_\_\_\_\_ Date: \_\_\_\_\_

Custodial Parent or Guardian: \_\_\_\_\_

\*\*\*Registrations without this signature cannot be accepted.\*\*\*

## Medications (Do not bring First Aid supplies or general OTC medications)

Camper Prescription Medications - must be in original container with doctor's signature

Specific Necessary OTC Medications - Enter information in this space also

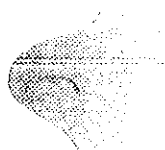
Medication Name	Dosage	Time Taken	Reason for Med

Note: Prescription medications will be returned to camper on last day of camp session. Contact camp if this is not acceptable.

Camp Supplied OTC Medications: Physician approved Standing Orders allow stocking of OTC meds in Camp First Aid, these may be administered by Camp First Aid Staff as needed.

Those listed below are included in Camp stock, please review and check those that you DO NOT want given to your child. (See website for full listing of camp stock.)

- Acetaminophen
- Antacid Tablets
- Antihistamine
- Cough Drops
- Ibuprofen
- Suphedrin
- Expectorant CF
- Do not give medications to my child



**Camper Health History - Concerns - Conditions (Use additional page if additional response space is required)**

**Allergies / Intolerance or Dietary Concerns:**

- No special considerations required     Drug Allergies     Food Allergies/Intolerance     Other Allergies or Dietary Concerns

Describe Allergy / Intolerance or Dietary concern along with reaction and recommended intervention:

Does Allergy lead to Anaphylactic reaction?  Yes  No If yes, detail reaction and recommended response: \_\_\_\_\_

**Camper Health History**

Describe: Injuries - Operations - Illness, requiring medical attention, during current & previous calendar years:

**Camper Current Health**

1. Describe any current conditions (injury, surgery, illness, other) that require special attention, restrictions or considerations while at camp:

2. Have you or are you currently receiving professional treatment to address mental/emotional health concerns:  Yes  No

Describe: \_\_\_\_\_

3. Have you been exposed to a communicable disease in the past 6 months:  Yes  No

Describe: \_\_\_\_\_

If you have entered information in #1, or given a "yes" response in #2 or #3 of "Camper Current Health" you must have the following section completed by your attending health professional:

**PHYSICIAN'S RECOMMENDATIONS: \*\*\*Must be completed & signed by Medical Personnel\*\*\***

The camper named on this Health History is / has been under my care for the following:

Is this camper able to participate in an active camp program?  Yes  No Detail "no" response, listing restrictions:

Detail treatments to be continued while at camp.

If camper has been exposed to contagious disease, is period of contagion over?  Yes  No

Signature of Licensed Medical Personnel \_\_\_\_\_ Date \_\_\_\_\_

**Immunization History**

Is your child current on all immunizations needed for school?  Yes  No Date of last Tetanus: \_\_\_\_\_

List exceptions: \_\_\_\_\_

**Confidentiality Statement**

**Camper Health Screening (camp use only)**

- 1. Medications:  None required  Received same as recorded  Received with changes
- 2. Health History Review:  OK as is  Changes
- 3. Observable Health: (Illness, Injury, Other)  Good  Concerns
- 4. Exposed to Communicable Disease since Health History sent to camp?  Yes  No (If yes, allowed to stay?  Yes  No)

Screened by \_\_\_\_\_ Date \_\_\_\_\_