Health History Form for Children Attending Camp Whippoorwill

This form MUST be signed and sent with the application. Your camper is not considered enrolled until we receive this form.
PARENTS: please fill out and sign this form to be included with the camp application form when enrolling your child for summer camp sessions. Your physician's signature is not necessary. The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to the camp upon participant's arrival in camp. Please provide complete information so that the camp can be aware of your needs. The information included on this form is confidential and is stored in the camp's infirmary to be used by the camp's staff RN for campers visiting the infirmary in the event of injury or illness.

Full name of child _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Birth date _____ Age at camp _____

2015 Camp Sessions Camper is Attending: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___10
___ Leadership Challenge: A ___ Leadership Challenge: B

Emergency Contact Information

CUSTODIAL PARENT/GUARDIAN

Name _____ Relationship _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone_____

SECOND PARENT/GUARDIAN/ OR EMERGENCY CONTACT (please circle which applies)

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone_____

If not available in an emergency, notify _____ Phone _____

Insurance Information

Is the participant covered by family medical/hospital insurance? _____ Yes _____ No

If so, indicate carrier or plan name _____

Carrier address _____

Name of insured _____ Relationship to participant _____

Social Security number of policy holder or insurance ID number _____

Important — must be completed for attendance:

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related 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 the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Witness _____ Date _____

Medications

Please list (including over the counter or nonprescription drugs) taken routinely and will be bringing to camp. Please send enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug) the name of the medication, the dosage, and the frequency of administration.

____ This person takes NO medications on a routine basis OR _____ This person takes medications as follows:

Name of Medication: _____ Dosage _____ Frequency/ Specific times _____

Duration–Specific date if shorter than the week of camp: _____

Reason for taking_____

Name of Medication: _____ Dosage _____ Frequency/ Specific times _____

Duration–Specific date if shorter than the week of camp: _____

Reason for taking_____

Attach additional pages for more medications. Please list all regular medication taken during the school year that participant does/ may not take during the summer.

Restrictions (The following restrictions apply to this individual.)

Allergies and/or restrictions (horse, cat, peanuts, etc.)_____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) _____

_____

General Questions (explain "yes" answers below)

HAS/DOES THE PARTICIPANT	YES	NO	HAS/DOES THE PARTICIPANT	YES	NO
1. Had any recent injury, illness or infectious disease?	_____	_____	17. Ever had problems with joints?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____	18. Have an orthodontic appliance being brought to camp?	_____	_____
3. Ever been hospitalized?	_____	_____	19. Have any skin problems? (e.g. itching, rash, acne?)	_____	_____
4. Ever had surgery?	_____	_____	20. Have diabetes?	_____	_____
5. Have frequent headaches?	_____	_____	21. Have asthma?	_____	_____
6. Ever had a head injury?	_____	_____	22. Had mononucleosis in the past 12 months?	_____	_____
7. Ever been knocked unconscious?	_____	_____	23. Have problems with diarrhea/constipation?	_____	_____
8. Wear glasses, contacts, or protective eye wear?	_____	_____	24. Have problems with sleepwalking?	_____	_____
9. Ever had frequent ear infections?	_____	_____	25. If female, have an abnormal menstrual history?	_____	_____
10. Ever passed out during or after exercise?	_____	_____	26. Have a history of bed-wetting?	_____	_____
11. Ever been dizzy during or after exercise?	_____	_____	27. Have a history of encopresis?	_____	_____
12. Ever had seizures?	_____	_____	28. Ever had emotional difficulties?	_____	_____
13. Ever had chest pain during or after exercise?	_____	_____	29. Have ADD?	_____	_____
14. Ever had high blood pressure?	_____	_____	30. Have AD/HD	_____	_____
15. Ever been diagnosed with a heart murmur?	_____	_____	31. Have OCD?	_____	_____
16. Ever had back problems?	_____	_____	32. Have ODD?	_____	_____

Please explain any "yes" answers noting the number of the question. _____

_____

Provide information about the participant's behavior & physical, emotional, or mental health about which the camp should be aware.

_____

_____

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Please attach a copy of your childs immunizations. We must receive this by April 1st.

Immunization records must be on file for all new campers, campers that have just completed the 7th grade, and campers that received updated immunizations during the last 12 months. You may mail, email or fax (799-8244)

Parent/Guardian authorizations: This Health history is correct and complete as far as I know, and the person herein described has permission to engage in **all** camp activities except as noted.

Signed _____ Printed _____ Date _____