

Camp Blue Diamond 2019

Health History Form for Summer Camp

Office Use
Camp _____ <input type="checkbox"/> Free Photo
Rec'd _____

*The information on this form is not a part of the acceptance process but is gathered to help the Health Care Manager and camp staff provide the best possible care for your child. **Complete all questions on both sides. Form must be signed by a parent/legal guardian.***

CAMPER INFORMATION:

Camper's Last Name _____ First _____ MI _____
 Grade completed in 2019 _____ DOB ____/____/____ Phone _____
 Street Address _____ City _____ State ____ Zip _____

PARENT(S)/GUARDIAN(S) WITH LEGAL CUSTODY:

Names _____ Relationship to camper: _____
 Preferred Phone Numbers: (____) _____ (____) _____

ADDITIONAL CONTACT IN EVENT PARENT(S)/GUARDIAN(S) CANNOT BE REACHED:

Name _____ Relationship to camper: _____
 Preferred Phone Numbers: (____) _____ (____) _____

Are there circumstances regarding custodial relationships we need to be aware of before releasing a child to a parent? Yes No
If yes, please describe on separate sheet of paper.

INSURANCE INFORMATION: Is the participant covered by family medical/hospital insurance? Yes No
 Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Company Phone (____) _____

ALLERGIES

No known allergies. Camper is allergic to: Food Medicine The Environment (insect bites, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction experienced.)

ASTHMA

Yes No Type and Severity: _____

PHYSICIAN:

Name _____ Phone (____) _____

MEDICATIONS:

(We know medications change. You will have an opportunity to update this information at registration.)

List **ALL** medications (including over-the-counter & prescription drugs) taken routinely. Bring enough medication to last the entire camp session. Meds must be in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the camper's name, dosage and frequency of administration. Be sure medications are not expired.

Camper takes **NO** medications on a routine basis **OR** Camper takes the **FOLLOWING** medications on a routine basis

Med # 1 _____ Dosage _____ Specific times _____
 Reason for taking _____

Med # 2 _____ Dosage _____ Specific times _____
 Reason for taking _____

Med # 3 _____ Dosage _____ Specific times _____
 Reason for taking _____

Attach additional pages for more medication information.

Are there any other medications taken during the school year that camper may not be taking during summer camp? If so., please identify: _____

ACTIVITY RESTRICTIONS:

- I have reviewed the program & activities of the camp and feel the camper can participate without restrictions.
- I have reviewed the program & activities of the camp and feel the camper can participate with the following restrictions or adaptations:

GENERAL QUESTIONS:

- | | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Does the participant: | Yes | No | | Yes | No |
| 1. Have problems with joints (knees, ankles)? | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have problems with sleepwalking? | <input type="checkbox"/> | <input type="checkbox"/> | 5. Have problems with bedwetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wear glasses, contacts, protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Received mental health treatment | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to any of the above, please explain: _____

Dietary Needs/Preferences: Gluten-Free Vegetarian Vegan Other (please explain below)

PAST MEDICAL TREATMENT: Please list pertinent past medical treatment that is beneficial for camper care:

CURRENT CONCERNS:

Provide other information of current/past physical, mental, or psychological conditions requiring medications, treatment, or special restrictions and considerations while at camp, including significant life events that continue to affect the camper's life: (history of abuse, death of a loved one, family change, adoption foster care, new sibling, survived disaster, others)

IMMUNIZATIONS:

**** REQUIRED FOR CAMP ATTENDANCE: Month/Year of last tetanus shot: ____ / ____**

I, the parent/legal guardian, attest that all immunizations of the above name camper are up to date as required for school attendance. Yes No

OVER-THE-COUNTER MEDICATIONS:

I give permission for my child to be given *over-the-counter* medications including: ibuprofen, diphenhydramine (Benadryl), acetaminophen, throat spray, sting-kill swabs, first aid spray, antibiotic ointment, calamine lotion, eye irrigating solution and cough drops,
 Yes No If you checked "no" please explain:

Do not give my child the following over-the-counter medications listed above:

If your child becomes ill, you will be notified. For his/her health, as well as for the health of the other campers and staff, and upon the advice of the Health Care manager, the camp and parent together may decide it best for the parent to pick the child up early from camp. Camp administration holds the right to make the final decision.

SIGNATURES REQUIRED! Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to take part in all camp activities except those noted above. I hereby give permission to Camp Blue Diamond leaders to provide routine health care, administer prescribed medications, and seek emergency treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary health related transportation for my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person name above. The completed form may be photocopied for trips out of camp. If permission to treat is refused for religious or other reasons, contact camp to receive a liability waiver.

Parent/Guardian or adult camper: _____ Date ____/____/____ Printed Name _____

The camper registering for camp agrees to abide by all regulations concerning personal conduct and use of camp property. Should it become necessary for the camper to return home we, the parent(s)/guardian, will abide by camp's decision and provide transportation. We give Camp Blue Diamond permission to photograph or video our child. Use of photos and videos will be limited to camp publications, including the website, summer video, group photos and promotional information including Facebook.

Parent/Guardian or adult camper _____ Date ____/____/____

FOR HEALTH CARE MANAGER USE ONLY**NOTES:**

Screening: ____/____/____ Initials: _____