Camp Blue Diamond 2018
Health History Form for Summer Camp

Office Use
Camp _____ ☐ 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's Last Name _____ First _____ MI _____
Grade completed in 2018 _____ DOB ____/____/____ Age while at camp _____ Phone _____
Street Address _____ City _____ State ____ Zip _____
Parent(s)/Legal Guardian Names _____
Address (if different from the camper) _____
Cell Phone(s)_____ Work Number _____

CONTACT INFORMATION – Second emergency contact, other than parent, unless parents are not living together
The contact is: ☐ Emergency Contact or ☐ Second parent/guardian at address other than the one listed above: (check one)
Name_____ Relationship to camper: _____
Home phone _____ Work Phone _____ Name of step-parent if applicable: _____
Are there circumstances regarding custodial relationships we need to be aware of before releasing a child to a parent? Y N
If yes, please describe: _____

INSURANCE INFORMATION: Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No
If yes, indicate carrier or plan name_____ Group # _____
Carrier address _____
Name of insured _____ Relationship to camper _____ Insurance ID number _____

ALLERGIES – list all known
Does the camper have any of the following? If yes, please explain type and severity:

Medication Allergies	NO	YES	_____
Food Allergies	NO	YES	_____
Other Allergies	NO	YES	_____
Asthma	NO	YES	_____

FOOD RESTRICTIONS/ALLERGIES: _____

ACTIVITY RESTRICTIONS: Explain any restrictions or adaptations of camp activities necessary due to physical or mental limitations of the camper:_____

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. Please be sure to bring enough medication to last the entire camp session. It 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.

☐ This person **takes NO medications** on a routine basis. OR ☐ This person **takes medication as listed below:**

Med # 1 _____ Dosage _____ Specific times _____
Reason for taking _____
Med # 2 _____ Dosage _____ Specific times _____
Other medication information, attach pages if needed:

Are there over-the-counter medications taken during the school year that participant may not take during summer camp?
Identify please_____

PHYSICIAN: Name of camper's physician _____ Phone _____

(health form page 2)

GENERAL QUESTIONS:

Does the participant:	Yes	No		Yes	No
1 Have problems with joints (knees, ankles)?	☐	☐	4. Have frequent headaches?	☐	☐
2. Have problems with sleepwalking?	☐	☐	5. Have problems with bedwetting?	☐	☐
3. Wear glasses, contacts, protective eyewear?	☐	☐	6. Received mental health treatment	☐	☐

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

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 medication, treatment, or special restrictions and considerations while at camp:

_____

IMMUNIZATIONS:

**** REQUIRED: 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: _____

_____

In the event that 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: _____

Form revised October 2017