



Camp Blue Diamond 2017 Health History Form for Summer Camp

Office Use
Camp _____
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 2017 _____ Age while at camp _____ Phone _____
Street Address _____ City _____ State _____ Zip _____

Parent(s)/Legal Guardian Names _____
Address (if different from the camper) _____
Parent's Cell Phone _____ 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' 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 _____
Attach additional pages for more medication information.
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)? | <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: _____

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: _____	