

Health History

The following information must be filled in by the parent/guardian, or adult camper or staff/volunteer member.

Insurance Information: Is the camper covered by family medical/hospital insurance? Yes No

Carrier and Plan Name _____ Policy or group number _____

Please attach a copy of your insurance card.

Describe dietary or activity restrictions: _____

Allergies	List all known	Reaction and management of reaction
Medication allergies <small>(Penicillin, etc.)</small>	_____	_____
Insect bites & stings	_____	_____
Food allergies	_____	_____
Other allergies	_____	_____

Medications Check here if this person takes **no** medications on a regular basis.

List all medications taken on a regular basis or that camper will bring to camp. Prescription medication must be brought in original container. The dosage/frequency schedule identified by the physician will be administered by camp health officer. Bring enough medication to last the entire camp session. It is not recommended that extra medication be brought to camp. Leave gray area blank for camp health officer's notes.

Medication	Dosage	Specific time	Reason for taking
#1			
#2			
#3			
#4			
#5			
#6			
#7			

Notes:

Primary Physician Name _____ **Phone** _____

Dentist Name _____ **Phone** _____

Medical History Questions	Circle one	...Medical History Questions Continued	Circle one
Recent injury, illness, or infectious disease	Y N	Mononucleosis in the past 12 months	Y N
Chronic or recurring illness/condition	Y N	Ever had emotional difficulties for which professional help was sought	Y N
Autism **	Y N	Bleeding/clotting disorders	Y N
ADD or ADHD **	Y N	Wears glasses, contacts, or protective eye wear	Y N
Diabetes	Y N	History of sleep walking	Y N
Asthma	Y N	History of bed wetting	Y N
Has or had an eating disorder	Y N	Abnormal menstrual history	Y N
Seizures	Y N	Uses wheelchair or walker **	Y N
Heart Defect/Disease	Y N		

Please assist us so we can provide the best camping experience for your child!

If ** is indicated, please contact the camp director

3 weeks prior to the session to assist us with our staff and cabin assignments.

Provide an explanation for all questions to which you answered yes above.

Immunization History

Date of most recent immunization.

Tetanus	_____	Measles	_____
Polio	_____	Rubella	_____
Mumps	_____	Hepatitis B	_____
Diphtheria	_____	TB Test	_____
Pertussis	_____		

Result of last TB test Positive Negative
(Circle One)

FOR CAMP PERSONNEL

Arrival Day Check-In

- Emergency authorization on page one of this form signed? **Yes** **No**
- Been exposed to any contagious disease in the last two weeks? **Yes** **No**

If yes, explain _____

- Brought over the counter or prescription medications? **Yes** **No**
Additional medication form needed to list additional meds? **Yes** **No**
(The Health Officer will need to record all medications brought to camp.)

- Medical/social/physical condition of which camp staff should be informed? **Yes** **No**

If yes, explain _____

Staff member's initial _____

Information Received from: Mother Father Grandparent Camper Other _____

Date, if different than registration date _____