

CAMPER HEALTH INFORMATION FORM

A form must be completed for each child who will be attending camp.

CAMPER INFORMATION

Name: _____
(Last) (First) (Middle)

Birth Date: _____ Age: _____ Gender: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
(Last) (First)

Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Does the participant have any medical condition the camp staff should be aware of? (For example, diabetic or suffers from seizures.) Select one: Yes No

If yes, please explain: _____

HEALTH HISTORY

- | | | |
|---|-----|----|
| 1) Has the participant had any recent injury/illness/infectious disease? | Yes | No |
| 2) Does the participant have a chronic or recurring illness/condition? | Yes | No |
| 3) Has the participant ever been hospitalized or had surgery? | Yes | No |
| 4) Does the participant have frequent headaches? | Yes | No |
| 5) Has the participant ever had a severe head injury or been knocked unconscious? | Yes | No |
| 6) Does the participant wear glasses, contacts, or protective eyewear? | Yes | No |
| 7) Has the participant ever had frequent ear infections? | Yes | No |
| 8) Has the participant ever passed out or been dizzy during or after exercise? | Yes | No |
| 9) Has the participant ever had chest pains during or after exercise? | Yes | No |
| 10) Has the participant ever had a seizure? | Yes | No |
| 11) Does the participant have Epilepsy? | Yes | No |
| 12) Has the participant ever had high blood pressure? | Yes | No |
| 13) Has the participant ever been diagnosed with a heart murmur? | Yes | No |
| 14) Does the participant have an orthodontic appliance being brought to camp? | Yes | No |
| 15) Does the participant have any skin problems (itching, rash, etc.)? | Yes | No |
| 16) Does the participant have diabetes? | Yes | No |
| 17) Does the participant have asthma or another breathing disorder? | Yes | No |
| 18) Has the participant had mononucleosis in the past 12 months? | Yes | No |
| 19) Has the participant ever been treated for ADD, ADHD or Asperger's? | Yes | No |
| 20) Has the participant ever had back problems? | Yes | No |
| 21) Has the participant ever had problems with joints (knees, ankles, etc.)? | Yes | No |

Please explain all "yes" answers here, noting the number of the question: _____

Please provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp staff should be aware. Also, include any information relating to the participant's vaccinations and immunizations. _____

ALLERGIES

Please list ALL known allergies to:

Medication: _____

Describe reaction and management of reaction: _____

Food: _____

Describe reaction and management of reaction: _____

Other (bee sting, hay fever, etc.): _____

Describe reaction and management of reaction: _____

RESTRICTIONS

The following restrictions apply to this participant:

1) Does not eat: red meat pork dairy products poultry seafood eggs other: _____

2) Physical activity restrictions (what cannot be done, what adaptations or limitations are necessary, etc.)

SPECIAL NEEDS

Does your child have any other special needs or required assistance that the camp staff should be aware of?

Select one: Yes No

If yes, please explain: _____

PERMISSION TO ADMINISTER MEDICATION

*A form must be completed for **each** child who will be taking medication during camp.*

Name: _____ has my permission to receive _____

(Last)

(First)

(dose)

of _____ at _____.

(medication name)

(time of day/frequency)

Potential side effect include (if any):

Prescribing physician: _____

(Last)

(First)

Address: _____

(Street)

(City)

(State)

(Zip Code)

Parent/Guardian Name: _____

Signature: _____ Date: _____