

## General Health History

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_ Date completed: \_\_\_\_\_

Address: \_\_\_\_\_ Last updated: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent's Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Age: \_\_\_\_\_ School grade: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Has the camper ever been hospitalized?  Yes  NoHas the camper ever had surgery?  Yes  NoDoes the camper have recurrent/chronic illnesses?  Yes  NoHas the camper had a recent infectious disease?  Yes  NoHas the camper had a recent injury?  Yes  No

If answer is "yes," what was date of injury and explain the injury:

Does the camper have asthma/wheezing/shortness of breath?  Yes  NoDoes the camper have diabetes?  Yes  NoDoes the camper have headaches?  Yes  NoDoes the camper have fainting or dizziness?  Yes  NoHas the camper ever passed out/had chest pain during exercise?  Yes  NoHas the camper had mononucleosis during the past 12 months?  Yes  NoIf female, has the camper had problems with menstruation?  Yes  NoDoes the camper have problems falling asleep/sleepwalking?  Yes  NoDoes the camper have back/joint problems?  Yes  NoDoes the camper have bedwetting problems?  Yes  NoDoes the camper have problems with diarrhea/constipation?  Yes  NoDoes the camper have skin problems?  Yes  NoHas the camper ever been treated for Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (AD/HD)?  Yes  NoHas the camper seen a professional to address mental/emotional health concerns in the last 12 months?  Yes  NoHas the camper had a significant life event that continues affect the campers life? (abuse, death of a loved one, family changes?)  Yes  NoIf you answered "yes" to any of the above, please explain. If no explanation is needed enter "NA."  Yes  No

I certify that my child is up to date on all required immunizations.

I relieve the camping facility of any responsibility for issues which may arise should this information be false, including date of last tetanus shot which will be sent to you in the registration confirmation email.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**List medications: prescription and non-prescription**

Name of medication	When is it given?	Amount or dose given	Reason for taking medication

**Health Information & Activities Form**

Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Date completed: \_\_\_\_\_

Address: \_\_\_\_\_

Last updated: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Age: \_\_\_\_\_

School grade: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_

**Insurance Information & Activities Permission Form**

**Camper's Personal Insurance Information**

Insurance Carrier/Plan Name: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Insurance Carrier Address: \_\_\_\_\_

Group Insurance Number: \_\_\_\_\_

By checking the box below, I hereby give permission to the health professional selected by the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering 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 transportation for the camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named above. I understand the information on this form will be shared on a "need to know" basis with camp staff.

By checking the box below I acknowledge that the camper has permission to leave camp property with authorized camp personnel to participate in off-site activities, such as canoeing, caving, hiking, overnight camping. In addition, this form may be copied for such trips.



By checking the box below I am acknowledging that this camper has my permission to participate in all programs and activities of the camp without restrictions.



Please explain any restrictions/exceptions to the above permission form.

If no explanation is needed enter "N.A."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Allergy Information

## General Health History

Name: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Date completed: \_\_\_\_\_  
Address: \_\_\_\_\_ Last updated: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Age: \_\_\_\_\_ School grade: \_\_\_\_\_  
Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Does the camper have allergies?  Yes  No

If you answered "yes," please list all allergies (food, asthma, bee, stings, etc.) If no explanation is needed enter "N.A."  Yes  No

List Allergies

---

---

---

---

---

Please describe any restrictions you have for your camper (dietary, no running, no swimming, etc.) or any other information you feel would make for a better experience for your camper. If no explanation is needed enter "N.A." \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This camper has not been stung by a bee, so we are unsure if he/she is allergic.  Yes  No

Please check any medication you do NOT give your consent for use:

Ibuprofen	No consent
Acetaminophen (Tylenol)	No consent
Diphenhydramine (Benadryl)	No consent
Cetirizine (Zyrtec)	No consent
TUMS	No consent
Maalox	No consent
Senna (laxative)	No consent
Hydrocortisone cream	No consent

# Individual Summary

## Camper Information

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Age: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Grade in school: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_

Roles: \_\_\_\_\_

### Primary Contact

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Primary phone:

\_\_\_\_\_

Alternate phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Relationship to Camper

\_\_\_\_\_

### Secondary Contact

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Primary phone:

\_\_\_\_\_

Alternate phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Relationship to Camper

\_\_\_\_\_

### Alternate Contact

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Primary phone:

\_\_\_\_\_

Alternate phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Relationship to Camper

\_\_\_\_\_