2016 Camper Health History Form

For Office use only Week

Cabin #\_\_\_\_\_\_\_\_\_ Code

Counselor\_\_\_\_\_\_\_ \_\_\_\_\_

Camp Greenwood

The purpose of the health form is to assist Camp Greenwood Health Care Staff in identifying appropriate care. The information in this form will only be available to staff who will be working with our camper. This health form is required for camp attendance and must be completed by the parent/guardian of each camper. Health forms from last year are not valid for this year.

PLEASE FILL IN ALL FIELDS!

Camper Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI:\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_\_ Weight in lbs: \_\_\_\_\_\_\_\_\_\_\_\_ Gender: (circle) Male Female

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age at the time of camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Custodial Parent/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH HISTORY (Attach a separate sheet if necessary.)

Medication Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reaction and Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reaction and Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Allergies (please include plant, animal, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reaction and Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child has any of the conditions listed below, please briefly explain and define the treatment for each one in the space provided below the list.

Appendicitis

Asthma

Athlete’s foot

Bedwetting

Bronchitis

Chickenpox

Convulsions or Seizures

Diabetes

Earaches

Heart Condition

Hearing Problem

Kidney Trouble

Measles – German

Measles – Regular

Mumps

Muscle or nerve disorder

Physical Disability

Rheumatic Fever

Scarlet Fever

Sleepwalking

Special Diet

Stomach Aches

Tonsillitis

Tuberculosis

Any Current Infectious Diseases

Briefly Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Briefly explain any operations or injuries you child has had: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is there a history of emotional or behavioral conditions we should be aware of to better assist your child? \_\_\_\_\_\_\_\_\_\_\_\_

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

Is there any reason your child should NOT sleep in a top bunk? (circle) Yes No

Answer only if you are sending your daughter to camp:

Has your daughter been told about menstruation? \_\_\_\_\_\_\_\_ Has your daughter menstruated? \_\_\_\_\_\_\_\_\_\_

MEDICATION

List name and purpose of all prescription and/or over the counter medications camper will be bringing to camp. NOTE: ALL DRUGS MUST REMAIN IN THE ORIGINAL CONTAINER. ALL PRESERIPTION MEDICATIONS MUST BE IN A PHARMACY-LABELED ONTAINER WITH THE CAMPER’S NAME ON IT. LOOSE PILLS WILL NOT BE ACCEPTED. Be sure containers are clearly marked with the name of the camper, medication name and dosage. Our Health Officers will have most over-the –counter medications available.

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IMMUNIZATIONS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Polio | DPT\* | MMR\* | Hepatitis B |  |  | Other |
| Date immunization completed |  |  |  | 1. | 2. | 3. |  |
| Date of most recent booster |  | \*MMR = Measles, Mumps, Rubella; \*DPT = Diphtheria, Pertussis, Tetanus |

MEDICAL EMERGENCY CARE AUTHORIZATION

The information given in this form is complete and accurate to the best of my knowledge. I thereby give my permission for my camper to participate in all camp activities.

I hereby give my permission for Camp Greenwood to use or disclose my health information to necessary staff and any volunteer or paid health care professional or facility for diagnosis, treatment, health care needs, emergency medical care or coverage information for my camper.

I authorize Camp Greenwood, a licensed children’s camp by the State of Michigan, to secure emergency medical and surgical treatment as well as routine, non-surgical medical care for my minor child while at camp.

I further consent to any routine or other nonsurgical medical care that my child may be required to undergo, either due to circumstances previous to or during the camp session.

I understand that the Health & Safety Manager and/or the camp Director reserves the right to send home a camper whose medical condition becomes unmanageable and/or places the camper or Camp Greenwood at risk in the camp environment.

In addition, Camp Greenwood also has permission to utilize all pictures taken of my child by either photographic, video or digital means, for the purpose of promoting the total ministry of the camp.

Parent/Guardian Signature required here✰\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_✰ (date)\_\_\_\_\_\_\_\_\_\_\_

Notes: