



# Health Form

All campers and staff **must bring this completed form with them TO camp.**

## 1. Contact Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age at camp: \_\_\_\_\_  
Last First Middle Initial

Home address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender:  Male  Female

Parent/Guardian: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Home address: \_\_\_\_\_

Business address: \_\_\_\_\_

Second parent/guardian/emergency contact: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Home address: \_\_\_\_\_

Business address: \_\_\_\_\_

## 2. Please List Anyone who Should Not Be Permitted to Pick the Child Up from Camp

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

## 3. Signatures: Required for Attendance!

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act

of 1996. I hereby agree, pursuant to the HIPAA Act, to the disclosure to camp representatives of the protected health information of the person herein described as necessary:

(i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

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 person named above. This completed form may be photocopied for trips out of camp.

The medication information listed on the reverse side is complete and correct as far as I know, and I hereby give permission to the medical personnel selected by the camp director to administer the medication(s) as directed on this form.

Signature of parent/guardian or adult camper/staff: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staff: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. Immunization History: Attach Copy of Child's Immunization History

### 4. Insurance: Attach Copy of Front & Back of Health Insurance Card

Please note that camper/staff member insurance is primary and that Central Region insurance coverage is secondary.

Is the participant covered by family medical/hospital insurance?  Yes  No

Carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Carrier address: \_\_\_\_\_

Name of Insured & Relationship to Participant: \_\_\_\_\_

### 5. Allergies

Check any that apply:  Penicillin  Sulfa  Bee Sting  Wasp Sting  Other Insect Stings  Poison Ivy

Please list all known allergies:

Medication allergies (list)	Describe reaction and management of the reaction:
_____	_____
_____	_____

Food allergies (list)

\_\_\_\_\_

\_\_\_\_\_

Other allergies (list)

\_\_\_\_\_

\_\_\_\_\_

### 6. Medications

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Camp staff can not administer Tylenol, Benadryl, antacids, etc. without written permission from parent or guardian. These items are not in the camp first aid kit. If a child needs to have these items, please send them to camp with the camper.

This participant takes medications as follows: (Attach additional pages if needed)

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking: \_\_\_\_\_

This participant takes NO medications on a routine basis.

### 7. Restrictions or Other Health Needs

Please list any restrictions that apply to the participant or any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_