Cohutta Springs Youth Camp Health History Form

Camper cannot be accepted without this form – this must be presented at Camper Check-In. DO NOT mail, email or fax this form.

This form is to be completed no more than seven (7) days prior to registered camp date.

Office Use: Cabin #_

Camper's Legal Name: F	irst: Mid	Middle:			
Age	Birthdate// Month / Day /	Year	Gender:	☐ Female	☐ Male
Camper Mailing Address					
City	State		Zip		
Who has legal custody of ca	amper? Both Parents M	1other ☐ Father	☐ Other		
	Il custody to be contacted in case	of illness or injury:			
Name:			Relation to	Camper:	
Primary Phone:		Alternate Phone:			
2nd parent/guardian or ot	her emergency contact:				
Name:			Relation to	Camper:	
Primary Phone:					
Additional emergency cor	ntact:				
Name (s):			Relation to	Camper:	
Primary Phone:					
Camper Health Insuran	ce Information				
-	y family medical/hospital insurar		☐ No		
Insurance Company		Phone: ()			
	ily insurance will be secondary. He personal health issues. The specif Cumberland Conference Ri	fic coverage and limi	tations is av		
Immunizations					
	nizations, required for school, up	-to-date? ☐ Yes	s □ No		
•	Year (The month and		t Tetanus sho	t is required)	
	etanus Immunization be administ				
				mnor Chook i	n
it is recom	mended that the child's immuniz	ation record is turn	ed in at Car	nper Check-i	<u> </u>
-	fully immunized, please sign the cept the risks to my child from no	-			
*Legal Parent/Guardian's S	ignature		Date		
Allergies					
Does this camper have any	known allergies? ☐ Yes ☐ N	0			
If "Yes", this camper is	_		nsect, pollen,	etc.) 🗆 Othe	er
List all Allergies:	-	Reaction	•		

Camper Name **Camper Interaction Information** First Last Page 2 of 3 Birthdate Office Use: Month / Day Year Cabin # **Activity Restrictions** I have reviewed all activities of the camp and feel the camper can participate without restrictions. ☐ Yes □ No If "No", please describe activity restrictions and reason. **Activity Restrictions:** Reason Mental, Emotional, and Social Health: Check "Yes" or "No" if the camper has: 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ☐ Yes ☐ No 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? ☐ Yes ☐ No 3. During the past 12 months, seen a professional to address mental/emotional health concerns? ☐ Yes ☐ No 4. Had a significant life event that continues to affect the camper's life? ☐ Yes ☐ No (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) Please explain "Yes" answers in this space, noting the number of the questions. If more space is needed, attach to form. Additional information for nurse or counselor concerning physical, medical, psychological, or behavioral needs: **Additional Information:** Note: If your child is exposed to head lice within two weeks before camp start, please make certain your child has been properly treated by a health professional prior to coming. If during Camper Check-in, it is determined that your child is infected with head lice, s/he will not be admitted to camp Communicable Disease: Has your child been exposed to any contagious/communicable disease during the three weeks prior to camp attendance (Flu, Mono, TB, Virus, etc)? П № If Yes, please specify **Travel:** For travel outside the US, please name countries visited and dates traveled: Country: **Dates Traveled:** Medications/Vitamins/Natural Remedies: Will this camper take any medications while attending camp (prescription or over-the-counter)? ☐ Yes ☐ No List medications, vitamins, etc. to be taken: (Any psychotropic drugs must be at the therapeutic level – 3 months minimum use.) **Medication Name*** Dose Frequency Reason What happens if dose is missed? Breakfast Dinner Other Bedtime Lunch Breakfast Dinner ☐ Other Lunch Bedtime Breakfast Dinner Other Bedtime Lunch Breakfast Dinner Other Lunch ☐ Bedtime

^{*}All medications, vitamins or natural remedies (prescription and/or over-the-counter) <u>must be brought in the original</u> bottle and turned into the nurse at Camper Check-in

Camper Medical Information Page 3 of 3		Name First e// Month/Day/Year	Last Office Use: Cabin #				
Medications at Camp: The following over-the-counter medications may be stock illness and/or injury. The camp medication supply incl administered under the direction of the camp nurse. D available. Please check YES if you approve or NO if you Yes No □ □ Acetaminophen (Tylenol) □ □ Ibuprofen (Advil, Motrin) □ □ Throat lozenges for sore throats □ □ Sore throat spray (Chloraseptic) □ □ Calamine lotion □ □ Antibiotic cream □ □ Aloe □ □ Ointment for rash (Hydrocortisone) □ □ Vitamin C □ □ Laxative for constipation (Ex-lax)	ludes, but losages wi u do not ap es No Dip	is not limited to the following I I be as listed on labels. Gene prove of the medication to use: ohenhydramine antihistamine/atihistamine/allergy medicine eudoephedrine decongestant (surjaifenesin cough syrup (Robitus extromethorphan cough syrup (smuth subsalicylate for diarrheaset stomach/nausea/indigestio arcoal capsules for upset stom	ist. These medications will be eric equivalents may be used if allergy medicine (Benadryl) Sudafed) dafed PE) ssin) Robitussin DM) a (Immodium, Pepto-Bismol) on (Tums, Pepto-Bismol)				
General Health History: Check "Yes" or "No" if the camper HAS or HAD a history of the following:							
1. Asthma/wheezing	No 15. H No 16. M No 17. F No 18. F No 19. F No 20. S No 21. S No 23. S No 24. S No 25. S No 26. C fected with		exercise				
Please explain "Yes" answers in this space, noting the number of the questions. If more space is needed attach to form.							
List any hospitalizations, Surgeries or Broken Bones:							
Date Hospitalization/Surgery/Broken Bor	nes	Expla	anation				

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person herein described has permission to participate in all camp activities, except as indicated. The camper will turn in all medications to the Camp Nurse at Camper Check-In and will take any and all prescribed medications sent to camp by the parent/guardian. I give permission to the camp nurse to give over-the-counter medications as indicated above including but not limited to pain medication, cold and flu medication, unless otherwise noted. I give permission to the physician selected by the camp to examine, order any x-ray, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthetic, medical or surgical treatment to said minor. I understand the information on this form will be shared on a "need to know" basis with camp staff. In addition, the camp has permission to obtain a copy of my child's medical record from providers who treat my child and these providers may talk to attending camp staff about the child's health status. I hereby authorize any hospital or physician, or any other person who has attended or examined said minor to furnish the camp and camp's insurance company or its representative any and all information with respect to any illness, injury, medical history, consultation, prescriptions, or treatment and copies of all hospital or medical records. I accept the conditions stated, including the release of the Georgia Cumberland Conference and Cohutta Springs Youth Camp management from liability in case of serious injury or death.

I hereby give my consent for said camper to ride the Cohutta Springs bus/van for any camp-related activities. I also release all photos and videos taken for Cohutta Springs Youth Camp promotions. This consent shall remain in continuous effect until revoked in writing or until said minor is removed by the parent/legal guardian from the care of Cohutta Springs Youth Camp. I give permission to photocopy this form. A photo copy of this form shall be as effective and valid as the original.

*Parent/Guardian's Signature

Date

Relation to Camper