HEALTH HISTORY FORM FOR FAMILES ATTENDING CYO CAMPS

Bring this form with you to check in on the first day of camp with a photocopy of the front and back of health insurance card.

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon the participant's arrival in camp. Provide complete information so that the camp can be aware of your needs. Please check with your licensed medical provider to determine if your child needs a physical within 6 months of attending camp.

Parent 1 Name: _____ Date of Birth__/__/____ Age at Camp_____
Last First Middle

Gender □Male □Female Home Phone (____)_____ Cell Phone (____)_____

Home Address _____
Street City State Zip

Parent 2 Name: _____ Date of Birth__/__/____ Age at Camp_____

Gender □Male □Female Cell Phone (____)_____Work Phone (____)_____

Child 1 Name: _____Date of Birth__/__/____ Age at Camp_____

Child 2 Name: _____Date of Birth__/__/____ Age at Camp_____

Child 3 Name: _____Date of Birth__/__/____ Age at Camp_____

Child 4 Name: _____Date of Birth__/__/____ Age at Camp_____

Child 5 Name: _____Date of Birth__/__/____ Age at Camp_____

Child 6 Name: _____Date of Birth__/__/____ Age at Camp_____

Child 7 Name: _____Date of Birth__/__/____ Age at Camp_____

Child 8 Name: _____Date of Birth__/__/____ Age at Camp_____

Child 9 Name: _____Date of Birth__/__/____ Age at Camp_____

If Not Available in an Emergency Notify _____ Relationship_____

Cell Phone (____)_____Home Phone (____)_____ Work Phone (____)_____

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

If so, indicate carrier or plan name _____Group #_____

Important—This boxes must be completed for attendance

(if for religious reasons you cannot sign this form, contact the camp for a legal waiver which must be signed for attendance)

This health history is correct and complete as far as I know. The person herein named 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, dispense or administer prescribed medications, and emergency treatment for me/my child, as may be necessary, including buy 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 45 CFR §164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: for camp representatives to be involved in the person's health care or payment for care, including: (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 physicians 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.

Signature of parent or guardian or adult camper/staffer_____

Printed Name_____Date_____

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

Signature of minor or adult camper/staffer_____Date_____

Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Please send all medications in their original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. Please indicate under allergies any medication that should not be given. Medications names and dosage must be completed on the attached form.

ALLERGIES List all known. **No Known Allergies** □

This Camper is Allergic to: Peanuts □ | **Tree Nuts** □ | **Bees** □ | **Other** (Food) □ | **Other** (Medicine) □ | **Other** □

Please describe what the camper is allergic to and the reaction seen:

_____

_____

Camper Carries: Epi Pen □ | **Inhaler** □ | **Benadryl** □

RESTRICTIONS (The following restrictions apply to any individuals.)

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) _____

_____

GENERAL QUESTIONS (Explain "yes" answers below.)

Has/does the participant:	Yes	No
1. Ever been hospitalized	□	□
2. Ever had surgery	□	□
3. Have recurrent/chronic illness	□	□
4. Recent infectious disease	□	□
5. Had a recent injury	□	□
6. Had asthma/wheezing/shortness of breath	□	□
7. Have diabetes	□	□
8. Had seizures	□	□
9. Had headaches	□	□
10. Wear glasses, contacts, or protective eyewear	□	□
11. Had fainting or dizziness	□	□
12. Passed out/had chest pain during exercise	□	□
13. Had mononucleosis ("mono") during the past 12 months	□	□
14. If female, have problems with periods/menstruation	□	□
15. Have problems falling asleep/sleepwalking	□	□
16. Ever had back/joint problems	□	□
17. Have a history of bedwetting	□	□
18. Have problems with diarrhea/constipation	□	□
19. Have any skin problems	□	□

Please explain "Yes" answers in the space below, noting the number of the questions. **For travel outside of the country please name countries visited and dates of travel:** _____

_____

Immunization History: Please give all dates of immunization for, or bring record to camp. Up to date?

□ Diptheria, tetnus, pertussis (DTaP) or (TdaP) or DTaP, Tdap booster	Mo/Year: ___
□ Mumps, measles, rubella *(MMR)	Mo/Year: ___
□ Polio * (IPV)	Mo/Year:___
□ Haemophilius influenza type B (HIB)	Mo/Year:___
□ Hepatitis A	Mo/Year:___
□ Varicella (chicken pox)	Mo/Year:___

Mental, Emotional, Psychological and Social Health: Check 'Yes' or 'No' for each statement. Has the camper:

	Yes	No
1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)	□	□
2. Ever been treated for emotional or behavior difficulties or an eating disorder:	□	□
3. During the past 12 months, seen a professional to address mental/emotional health concerns:	□	□
4. Had a significant life event that continues to affect the camper's life (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)	□	□

Please explain "Yes" answers in the space below nothing the number of the questions. The camp may contact you for additional information about the participant's behavior and physical emotional, mental health, or psychological conditions about which the camp should be aware.

_____

_____

Name of camper's primary doctor(s)_____Phone _____

Name of family dentist(s)_____Phone _____

What have we forgotten to ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

_____

Screening Record *(For camp use only)* Screened by

Date ___Time____

Screening has been conducted according to camp protocol and significant findings noted as follows: □

Any signs/symptoms of illness or injury upon arrival	□ No	□ Yes as noted below
History of exposure to communicable disease	□No	□ Yes as noted below
Additions or corrections to information on this health history	□No	□ Yes as noted below
Medication given to health-care staff	□No	□ Yes as noted below

Provider notes: (date/time/initial all entries)

Left camp this day with the following problem/concern_____

This person was told about the problem and instructed about follow-up as noted above_____