HEALTH HISTORY FORM

A health history form must be filled out and signed by the guardian before the camper attends camp. A health exam is not required! If your child has been hospitalized or is under a Doctor’s care for an illness or injury within the past year that could affect their camp experience, we suggest you have your doctor evaluate and advise you and the camp of any limitations or situations we should be aware of.

OVER THE COUNTER & PRESCRIPTION MEDICATIONS

It is a state law that all medications (including over the counter ones) be kept by the health person. This includes things like Tylenol, medicated creams, medicated throat lozenges, etc. All medications should be labeled with the camper’s name, listed in the camper health history, placed in a plastic zip lock bag, and not be expired.

Prescription medications must be current, in original container and prescribed for the camper. If you want a child to have a different dose or take it at a different time than the label indicates, you must sign a note indicating the change. If a child needs someone to give an injection, please notify the camp ahead of time.

Camp may trigger allergies. Even if your child has not had a problem recently, it is important to send any inhalers, breathing treatment machines, etc. they may need. Once checked in with health person, inhalers and injectors can be carried by your child’s counselor, if necessary.

We will call you if your child has a health issue that requires a doctor's visit, requires an overnight stay in the Health Center, is injured beyond everyday bumps and bruises, or we need your input to solve a problem.

CAMPER INFORMATION SHEET

Please print pages 4-5 and first complete the parent information form and then assist your child in completing the second page. This information is of great help to your child’s counselor. Please only put highly confidential information on the health form and please mail back to camp prior to their camp session.

MAIL, EMAIL, CELL PHONES & CALLS

*NO CELL PHONES are permitted at camp! Make sure you have your child’s phone or other device that connects to the internet. You will be asked to sign a confirmation form that your child does not have a phone in camp. Phones are not conducive to the community we try to create at camp. We also cannot monitor what they and other campers are doing while on their cell phones or online.

Mail is very important to campers; it takes up to three days to get to camp from the city. You can also give your letters to camp staff on opening day.

Phone calls home are not encourage and are only permitted if a camper is having problems or needs to be reassured by a parent. Instead, they are welcome to talk to the director at any time. She will work with the parent to see if a call with the child should be set up. Social calls will be put into letter form (a good skill to practice at camp).

Emails are great! We print them out for campers and deliver them like mail. To email a camper, log into your UltraCamp account, click “Additional Options” and scroll down to “E-Mail a Camper”. (Note: Campers cannot respond to emails.)

TRADING POST (CAMP STORE)

The Trading Post will carry t-shirts, sweatshirts, souvenirs, flashlights, postcards, toothpaste, stamps, and more. We invite everyone to come in and shop.

Trading post money can be deposited online in your registration account or turned in at the bus or at camp in an envelope with campers name and amount on it. It will be put in the camper’s Trading Post account and they will receive a credit card in return. There is no need to carry cash at camp and we are not responsible for its loss. The balance of their account will be returned on the last day. $15-$35 is recommended.

Camp Office: 1-810-359-2267
Office Email: office@campcavell.org
Website: www.campcavell.org
Parents are welcome to tour camp on opening or closing days. We feel strongly that parents or friends should not visit during the camp session to make your child’s experience the most beneficial it can be. If there is a need to visit camp, please make arrangements with the camp administration.

**Leave Behind**
Camp is a place to enjoy the outdoors and try new things. We ask that personal music devices only be used in cabins with headphones. Please no iPads or other electronic devices, pets, vehicles, or personal sports equipment (without camp permission). Also, no cell phones or devices that connect to the Internet are allowed at camp.

**Ground Rules**
No smoking, alcoholic beverages, weapons, or illegal drugs or substances are permitted at camp. Campers will be sent home for breaking the rules or for behavior that does not foster a positive, caring, safe spirit in the camp community. If a camper is sent home, parents will be responsible for timely transportation home. Bringing sports equipment that could lead to an injury or vehicles that campers will keep at camp for the week must be approved by camp administration.

**Snacks**
Please limit snacks sent to camp. We have plenty of good food and snacks for a healthy experience. If you do send a snack, please note that they will be kept in the counselor’s room for counselors feel are appropriate. They must be brought to camp in airtight containers and contain no nut products.

**Refunds**
Deposit is nonrefundable, 50% of other fees refunded if notice is received 24 hours prior to program. All refund requests must be made in writing to the Camp Cavell Office. Should your child be required to leave a session or trip for medical or behavioral reasons, there will be no refund of fees and parents are responsible for the child’s transportation home.

**Check out our website!**
[www.campcavell.org](http://www.campcavell.org)

Find maps, family programs, games, history, ways to help camp, news articles, what to bring and lots more!

**Transportation**
You are welcome to drive your child up to camp or you can arrange for a seat in our camp bus for a fee of $50 round trip.

**If Own Transportation...**
Drop off at camp is Sunday from 3:30-4:30 pm. Pick up at camp at 5:00 pm on Friday. Bring the family and tour camp, join us for a picnic dinner, and see the week’s slideshow. Events end by 7pm.

Watch for the sign out front for summer camp! Beware the drive has two-way traffic! Park in the parking area behind cabins and watch out for traffic.

**If Riding the Camp Bus...**
Please arrive 20 minutes early to complete check in. Condense luggage and packages as much as possible. Secure and label everything! Keep children with you until the bus is ready to load. Watch for traffic in parking lot and escort children to the bus. Campers must wear seat belts and behave in an appropriate manner.

**Bus Departs...**
National Coney Island
27027 Gratiot, Roseville, MI 48066 (I-696 & Gratiot)
Sunday at 1:00 pm for Camp Cavell

**Bus Returns...**
Friday at 8:30 pm (same place)

Call 810-359-2267 for transportation questions.

**Open Houses (1-4 pm)**
1st Sunday in May & 1st Sunday in June
Come enjoy an afternoon on the lakeshore! Invite family and friends! Bring along a picnic lunch! Join in on activities including: scavenger hunts, crafts, and beach hikes! Meet our friendly staff! See camp!

**Come Help at Camp!**
Camp Cavell Volunteer Weekends or Days:
Call for dates or check online! Join us as we get camp ready for a new season! We provide the food, snacks and housing, you bring the help! We work on cabins, grounds, kitchen, trail clearing, and more. Working adults and teens are free, kids are $40. Invite your family and friends to make it a fun weekend that you’ll never forget, while doing good for camp!

Skilled trades-people are always needed: Electricians, Builders, Plumbers, Painters, etc.
AUTHORIZATIONS: My child has permission to engage in all prescribed camp activities, except as noted by me or an examining physician. In case of serious injury or illness, parents or the emergency contact person will be called immediately for their decision on medical treatment. If parents or emergency contact person are not available, we will use our best judgment as to what course of action to pursue and will continue to attempt contact. Camp Cavell Conservancy will not be responsible for any costs incurred as a result of illness or injury. If your child becomes ill or has a minor injury, we will treat them at camp and contact you if care to greater extent or more information is needed. 

If your child is sent home due to illness or behavior, it is the parent’s responsibility to transport them in a timely manner.

Parents should notify camp if their child is exposed to any communicable disease during the three weeks prior to camp attendance. Additionally, we will inform you if your child has been directly exposed to a communicable disease at camp.

I also give my permission for my child to be photographed or videotaped, and allow Camp Cavell to release said pictures for publicity purposes using good judgment.

I understand that my child may travel off camp in camp-designated vehicles for: routine medical care, off site trips or overnights at a local campground in the area. Camp policies and procedures will be in effect on any trip and a minimum of 2 adult staff members will accompany the group. An adult with first aid and CPR training will be present at all times. Staff will have an emergency phone.

I understand that camp is not responsible for campers’ personal belongings and they may be searched by an administrative staff member with the camper present when the well-being or safety of the camper or others requires it.

I understand that my camper may have the opportunity to receive an introductory lesson in technical tree climbing, kayaking, horseback riding or other adventure activities that have inherent risks. They would participate only after the evaluation of the readiness of each camper, with the proper safety equipment and trained staff. Introductory lessons would include safety orientation and limit the campers to a safe height or distance appropriate for their age and abilities. Campers are responsible to follow the safety rules and directions of the staff.

I understand the information stated here and agree to all items unless I have noted otherwise here:

Also, in the event that I am not able to pick up my child, she/he may be released to the following people:

Name: ___________________________________________ Relationship: __________________________ Date: _______________ Signed: ________________________
Name: ___________________________________________ Relationship: __________________________ Date: _______________ Signed: ________________________

Campers T-Shirt Size: ___________________________  ☐ Adult  ☐ Child  (one free t-shirt per camper)
Note Special Needs or Allergies: ____________________________________________________________

(You will be asked for more in-depth information on health form)

IF your camper is coming for more the one week, please fill in this section!

I would like my child to:
☐ Come home between sessions (*Must reserve round trip on bus or pick up and drop off your child.)
☐ Stay at camp between sessions.  *Please note: There is a $60 stay over fee.

Stay Over Details:
On the weekends, we relax, go to town to do our laundry and other off camp activities. Campers stay in a boys’ or girls’ cabin and are supervised by a camp adult. The fee is $60 and is separate from trading post money. It will be used to cover transportation, laundry, movies, dinner out, or other stay-over activities.

In case we go to the movies:
Movie rating you prefer for your child: [ ]
(Please explain to your child that our whole group may all need to attend a lower rated movie, depending on preferences of other families.)

We can send your friends camp brochures, so they can have a great time too!

*Don’t forget to mention Summer Camp, Women’s Getaway Weekends, Family Camps, or Community Use!

Name ___________________________  Name ___________________________
Address ___________________________  Address ___________________________
PARENT’S FORM:
(Fill in information about your child.)

BEFORE YOU FILL IN THIS FORM...
Please have (or assist) your child in completing the reverse side of this form, then complete this side and send to camp!

IMPORTANT NOTE: Your child’s health and welfare are very important to us. You know your child better than anyone. We are counting on your help to make this experience a successful one for both you and your child. You are welcome to add additional comments on the back.

Please be thorough and add any information you feel might help. Don’t worry! Camp is a safe, wholesome place. We will certainly consult you if your child is having problems that we cannot take care of at camp without guidance from you. If your child has a guidance counselor or caseworker we might need to contact, please include that information.

This column is for Younger Children...

PAST EXPERIENCE AWAY FROM HOME?
(camp, friends’ or grandparents’ house, etc.)
Where, Length, With Whom, Age at time?

What can you send along that will make his/her cabin “homey”?

What time does she/he go to bed?

What can we do to make her/him feel more comfortable? (tuck-in, help with letters, hair, etc.)

What food is she/he allergic to and should not be asked to “Try our cooking”?

Any strong fears we should be aware of? (dark, water, storms, bugs, animals, etc.)

How much time does your child usually spend:
- Alone?
- With one or two others?
- A group?

CAMPER: __________________________

Dates Attending: ____________________

Parent or Guardian: __________________

Person filling out form: ______________

This column is for ALL CAMPERS:
Which best describes his/her personality?
*Rate 1-5 below: (1 =highly 5 =Not so much)

________________ Outgoing ___ Reserved ___ Shy

________________ Emotional ___ Listener ___ Active

________________ Energetic ___ Likeable ___ Leader

________________ Sensitive ___ Follower ___ Funny

________________ Temperamental Other: __________________

What would you like to see cultivated or developed in your child while at camp?

How might your child act out if she/he is frustrated or upset and how do you resolve it?
It helps counselors if you can share as much of your experience as possible.

What aches and pains are “normal” and what do you do about them?

Any medical or behavioral problems we should be watching for and contact you if they occur?

Please rate your child’s pain threshold?

☐ Complains Quickly  ☐ Average

☐ Usually doesn’t say, unless serious

GIRLS ONLY:
The camp environment or the change in life-style may trigger or change your daughter’s menstrual period. Please let her know the camp staff is ready to help!

- Has your daughter’s begun?
- Is she prepared with supplies?
- Have you explained menstruation to her?
- What does she take/do for cramps?
CAMPER INFORMATION FORM

CAMPER’S NAME:

Please fill out and return to camp.

We hope that you are excited about camp! Time goes by quickly once you’re here, so help us get an idea of your interests beforehand!

Please list the members of your household:  
(include pets)

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<th>Name</th>
<th>Age</th>
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List two of your favorite hobbies:
1) __________________________________________
2) __________________________________________

Have you attended camp or been away from home before? Where? When? How long?

What 3 things would you like to do at camp?
1) __________________________________________
2) __________________________________________
3) __________________________________________

How many letters are you planning to write?  
Remember to bring addresses & stamps!

What do you think it takes to make new friends?

What do you think it takes to live with other kids your age? What cabin rules would you make?

What 3 favorite things are you bringing?
1) __________________________________________
2) __________________________________________
3) __________________________________________

Please circle the activities you would like to see camp offer: (You will sign up again at camp for the activities you really want to do.)

- Waterfront
- Arts & Craft
- Folk Dancing
- Woodshop
- Outdoor Cooking
- Adventure Skills
- Night Hikes
- Archery
- Reading/Storytelling
- Fire Building
- Collecting Shells
- Horseback Riding
- Farm Animals
- Kayaking
- Overnight Campouts
- Singing
- Conservation Projects
- Exploring
- Fishing
- Writing
- Team Challenge
- Tree Climbing
- Hiking
- Creek Hike
- Sports
- Dance

What are your 3 favorite meals/foods?
1) __________________________________________
2) __________________________________________
3) __________________________________________

Camp Cavell Conservancy
3335 Lakeshore Drive
Lexington, MI 48450
810-359-2267
office@campcavell.org
Dear Parents,

You are important in your child's camp experience!

Our counselors are looking forward to meeting your child and sharing their excitement and love of the camp experience! Here are some hints to help your child get ready for camp...

*Before camp, encourage your child’s spirit of self-reliance and compliment their ability to adjust to different situations. Camp living is an adventure; we live as simply in the out-of-doors as possible and it may take some getting used to.

*First timers or old timers, mail is important - everyone loves to get mail. You might even start sending letters or emails a few days ahead of time to make sure they arrive the first and second day. Write about cheerful things and about the great things you hope they are taking part in.

*Parents may get a letter that says their child is homesick, doesn’t like the food or camp isn’t fun. These are usually written at rest hour the first day, before they have really had a chance to get into their activities. By the time you read it, they are probably laughing with cabin mates. It takes time to adjust. Just give us a call and we will give you an update. If the camper is really having a hard time adjusting, I will be in touch, and we can work out a way to insure a positive experience.

*Food at camp is great! (Campers say so!) We have food like pizza, spaghetti, chicken, salad bars, cereal, bacon & eggs, and more. We will provide plenty of good food to eat. We discourage campers from bring snacks, but if they are sent, they will be kept in the counselors room and given out only at times deemed appropriate by the counselor.

*Campers have a responsibility to share in the work of caring for camp. We all do camp chores, feed the farm animals, and keep our own cabins clean. These projects help teach ownership and responsibility for our environment and ourselves.

*The counselors and staff have a big agenda for your child. While at camp, we hope that they will develop friendships, take on new challenges, and learn new skills. They will also have the opportunity to live and learn about a diverse group of children their own age.

*We hope camp will give your child time to grow on their own, a stronger sense of self-worth, and a clearer idea of the values that will make them an integral part of the community.

*Campers are not allowed to bring cell phones to camp. We have had problems having them in the cabins in the past. If they really need to talk to you, they can tell their counselor and the director will get in touch with you.

*Camp is for friends, old and new! Camp is a happy tear, a hug for a counselor, a hug for a parent, good-byes and hellos.

So, help get your camper ready for a good experience, and we look forward to seeing you soon!

Sincerely,

Jill Laidlaw
Executive Director
Camp Cavell Conservancy
**What to Bring!**

**Keep in mind...** These are suggested items and you should substitute or improvise if you like!

- Suitcase, duffel bag, or backpack
- * Sleeping bag or blankets
- Set of sheets, pillow, extra blanket
- * Jacket
- Sweatshirt/Sweater
- Tops & Shirts
- Jeans/Pants
- Shorts
- One Piece ONLY! Bathing Suit
- Pajamas
- Underwear
- Pairs of socks
- * Gym Shoes or Walking Shoes
- Boots / Hat
- Toiletries (i.e.-brush, toothbrush, toothpaste, soap, shampoo)
- * Bath/Beach towel & Washcloth
- Laundry Bag
- * Raincoat/Poncho
- * Flashlight & Extra Batteries
- * Essential items

**Important Hints:**

- Water shoes or an old pair of shoes that stay on the feet in waves are important! (There are lots of rocks in water.)
- Flashlights are important! There are no yard lights. Bring one for each person.
- Mud hikes are famous at camp! Your child may decide to go on one when you never thought they would. Bring old clothes and shoes that tie.
- Weather at camp can range from very hot to cold. Be ready for the unexpected!
- Camp life can be very hard on clothes. Bring a very old set for river and mud hikes.

**Optional Items:**

- Fishing pole / Musical instruments / Inexpensive camera
- Books / Postcards / Envelopes / Stamps / Pens / Batteries
- Lamp for reading / Rug for cold floor / Exercise mat
- Old shoes / Flip-flops for the shower / Sun block / Bandana
- Something to sit on at the campfire / Alarm clock / Lawn chairs / Personal music device with headset

**Directions to Camp Cavell:**

**Camp Office:**

3335 Lakeshore Road, Lexington, MI 48450
Phone: 810-359-2267 Fax: 810-359-2430
Email: office@campcavell.org

**Location:**

Twenty -five miles north of Port Huron, Michigan on Lake Huron, just past downtown Lexington.

**Directions:**

Take I-94 East toward Port Huron. Take the Lexington exit and follow signs to North M-25 (Lakeshore Road). Camp Cavell's entrance is on the right 4.5 miles North of Lexington on M-25. We are just past Aitken Road. Drive in the South entrance and park behind the Brookside Cabins.

*See more resources on our website: www.campcavell.org*
CAMP CAVELL
HEALTH HISTORY FORM Campers Name: ________________________________

Send form to camp two weeks prior:
Camp Cavell Conservancy, 3335 Lakeshore Rd, Lexington, MI 48450 / 810-359-2267 / Fax: 810-359-2430 / Email: office@campcavell.org

Dates Attending: ____________________
Camper Home Address: _______________________________________________________

Male Female / Birth Date _________ / Age on arrival at camp: _________

Parent/guardian with legal custody to be contacted in case of illness or injury:
Name: ____________________________________________________________
Relationship to camper: ________________________________
Preferred Phones: (_____) ____________ (_____) ____________ Email: ________________________________
Home Address: (if different)__________________________________________

Second parent/guardian or other emergency contact:
Name: ____________________________________________________________
Relationship to camper: ________________________________
Preferred Phones: (_____) ____________ (_____) ____________ Email: ________________________________
Home Address: (if different)__________________________________________

Additional contact in event parent(s)/guardian(s) cannot be reached:

Restrictions: ___ I have reviewed the program and activities of the camp and feel camper can participate without restrictions.
___ I have reviewed the program and activities of the camp and feel this camper can participate with the following restrictions or adaptations: List here...

Diet, Nutrition: This camper eats: ___ Regular diet ___ Basic vegetarian diet ___ Has special food needs
Allergies: ___ No known allergies. ___ This camper is allergic to: ___ Food ___ Medicine ___ The environment (insect stings, hay fever, etc.)
Other ________________________________

Please describe below what the camper is allergic to and the reaction seen, Diet or Nutrition needs, or Restrictions.

Medical Insurance Information: ___ Yes ___ No This camper is covered by family medical/hospital insurance
Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.
Insurance Company__________________________ Policy Number__________________________
Subscriber__________________________ Insurance Company Phone Number (____) ____________

Parent/Guardian Authorization for Health Care:
This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, 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 my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a “need to know” basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.
* Signature of Custodial Parent/Guardian ___________________________ Date: ____________________

Relationship to Camper: ________________________________

* If for religious or other reasons you cannot sign this, contact the camp for a required legal waiver.
Camper Name: First __________________ M.I. ___ Last: ____________________________ Birth Date: __________

Immunization History: Provide the month and year for each immunization. Starred immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Date of most recent dose:
- Diphtheria, tetanus, pertussis: (DTaP) or (TdaP)*
- Tetanus booster (dT) or (TdaP)*
- Mumps, measles, rubella (MMR)*
- Polio (IPV)*
- Haemophilus influenzae type B (HIB)
- Pneumococcal (PCV)
- Meningococcal meningitis (MCV4)
- Hepatitis A
- Tuberculosis (TB) test
- Negative / Positive
- Hepatitis B
- Varicella (chicken pox) -- Had chicken pox on… Date: __________

If your camper has not been fully immunized, please sign the following statement:
I understand and accept the risks to my child from not being fully immunized.

Signature Custodial Parent/Guardian: ____________________________ Date: _______ Relationship/Camper: __________

Instructions about required packaging/containers if it is a prescription medication:
- Must have medications in original pharmacy containers with labels which show the camper’s name and how the medication should be given. Must not be expired. If you wish for medication to be differently than prescription states, you must get a note from your doctor.
- Provide enough of each medication to last the entire time the camper will be at camp.

PLEASE LIST ALL MEDICATIONS the camper will be taking at camp.
"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies.

<table>
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<tr>
<th>Name of Med</th>
<th>Date Started</th>
<th>Reason for Taking</th>
<th>When given (Circle)</th>
<th>Amount or dose</th>
<th>How given</th>
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<td>Just as needed</td>
<td>Breakfast</td>
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*NOTE: If additional medications, please list on additional sheet.

Non-prescription Drugs: The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Cross out those the camper should not be given...
Phenylephrine decongestant (Sudafed PE)  Acetaminophen (Tylenol)  Antihistamine/allergy medicine Dextromethorphan
cough syrup (Robitussin DM)  Calamine lotion Aloe  Sore throat spray Generic cough drops Laxatives for
cistipation (Ex-Lax)  Antibiotic cream  Lice shampoo or cream (Nix or Elimite) Pseudoephedrine
decongestant (Sudafed)  Ibuprofen (Advil, Motrin)  Guaifenesin cough syrup (Robitussin)
Diphenhydramine antihistamine/allergy (Benadryl)  Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)
Camper Name: First __________________ M.I. ____ Last: __________________________ Birth Date: ____________

General Health History: Check "Yes" or "No" for each statement.

Has/Does the camper...
1. Ever been hospitalized? ......................... Yes No 11. Had fainting or dizziness? .................. Yes No
2. Ever had surgery? ................................. Yes No 12. Passed out/had chest pain during exercise........ Yes No
3. Have recurrent/chronic illnesses? ... Yes No 13. Had mononucleosis ("mono") during past 12 months? Yes No
4. Had a recent infectious disease? .... Yes No 14. If female, have problems with periods/menstruation?... Yes No
5. Had a recent injury? .................. Yes No 15. Have problems with falling asleep/sleepwalking?.. Yes No
6. Asthma/wheezing/short of breath?... Yes No 16. Ever had back/joint problems?.................. Yes No
7. Have diabetes? ................................. Yes No 17. Have a history of bedwetting.................. Yes No
8. Had seizures? ................................. Yes No 18. Have problems with diarrhea/constipation? Yes No
9. Had headaches? ................................. Yes No 19. Have any skin problems?.................. Yes No
10. Wear glasses, contacts, or other?.. Yes No 20. Traveled outside the country in the past 9 months?.... Yes No

- Please explain “Yes” answers in the space below, noting the number of the questions.
- For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement. Has the camper...
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 the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:
Name of camper’s primary doctor(s): ___________________________ Phone: (____) __________
Name of dentist(s): ___________________________ Phone: (____) __________
Name of orthodontist(s): ___________________________ Phone: (____) __________

What Have We Forgotten to Ask? Please provide in the space below or attach 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.

STOP HERE... Keep a copy for your records.
Individual Health Record (For Camp Staff to Fill Out!)

Initial Screening

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
Any signs/symptoms of head lice? ............................................. No  Yes as noted below

Date/Time: __________  Initials: __________

Provider notes: (Date/Time/Initial all entries)  (Include contacts made with parents)

________________________________________________________________________

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Exit Notes: Check one of the following:

☐ Left camp this day with no reported illness or injury symptoms.
☐ Left camp this day with the following problem/concern:

________________________________________________________________________

*This person was told about the problem and instructed about follow-up as noted above: ________________
*The parent was told about this problem and instructed about follow-up as noted above: ________________

Y / N  (circle) All medication listed on page two was returned to/or sent on van for parent/guardian.

Signed Camp Health Officer or assigned person: ___________________________  Date/Time: __________