



Health History and Examination for Camper

MEDICAL INFORMATION: PLEASE READ CAREFULLY THEN COMPLETE SECTIONS

In planning for the camping season we have endeavored to create as safe an environment as possible while allowing campers to experience adventure through a variety of activities and by choice physical challenges. In the event a camper needs medical attention, the online **consent to medical treatment** will be used. **It must be completed and signed electronically before the camper is accepted, as should the consent to administer medications.** The consent form, which will be printed by our staff, is part of the online health form. These completed forms must be presented to the Director of Nurses upon arrival at camp. **If these forms are incomplete, your child will not be permitted to remain at camp.** A licensed nurse will be on site at all times during the camping season. Nurses will be available during camper registration to perform a health evaluation on each camper. **Please plan to wait until your child is approved to remain at camp.** In addition, camper medications will be collected by the nurse at this time. **All prescription drugs or over-the-counter medications must be in the original bottle or packaging, showing the camper's name, dosage, frequency, etc. This also applies to herbal drugs.** In the event of an emergency, the camp will make every attempt to contact the parent or legal guardian.

Directions

1. **Sections A** must be completed by parent/guardian of minor (or by adult camper/staff 18 or older for themselves). (Each year)
2. **Section B** must be completed and signed by examining physician (Every 24 months) (*If for religious reasons, you cannot complete the immunizations, please email sneeyouth@gmail.com for a legal waiver which must be signed for attendance.)
3. **BRING THIS FORM TO CAMP. DO NOT MAIL.**

A. Personal & Emergency Contact Information

Camper/Staff Name _____ Gender M F Birth Date _____ Age _____

Home Address

Street Address

City

State

Zip Code

Parent/Guardian Name _____ Email Address _____

Home Address

(If different from above) Street Address

City

State

Zip Code

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Second Parent/Guardian Name _____ Email Address _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

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

Name _____ Relationship to Camper: _____

Phone (____) _____

B. Physical Examination - To be completed and signed by licensed physician.

Physical examination is valid for 24 months, and must be current on 1st day of camp (a copy must be brought each year to camp.)

Camper/Staff Name _____ Age _____ Gender _____
 M F Height _____ Weight _____ Blood Pressure _____ Hgb. Test _____
 Urinalysis _____ Eyes _____ Ears _____ Nose _____ Throat _____
 Neck _____ Teeth _____ Lungs _____ Abdomen _____
 Hernia _____ Extremities _____ Spine _____ Heart _____
 Skin _____ Ano-Genital _____ Cranial Nerve _____ Mouth _____ List
 All Known Allergies _____

General Appraisal _____

For Females: Has this person menstruated? _____ If not, has she been told about it? _____ If so, is menstrual history normal? _____
 Special Considerations/Medical Notes: (Please list all medications, any restrictions, health problems, recent injuries, etc.) _____

Immunizations: Provide the month and year for each immunization.

I have examined the person named herein described and have reviewed his/her health history. It is my opinion that he/she is able to physically engage in camp activities except as noted above.

Physician's Signature _____ Telephone Number _____

Physician's Name & _____

Address _____

Date _____

Vaccines		Month /Year	Month /Year	Month /Year	Month /Year	Month /Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Hepatitis B						
Varicella (chicken pox)	Had chicken pox Date:					