

Good Earth Village Health Form

Please print clearly. This form will be copied. Use a separate form for each camper. Health information on this form is gathered to assist us in identifying appropriate care. **Due (2) weeks prior to start of camp session.**

Camper Name _____ Date(s) attending camp _____

Gender _____ Birthdate _____ Age _____ Grade completed _____

Camper Address _____

Second Parent/Guardian _____

City/State/Zip _____

Second Parent/Guardian Phone _____

Home Phone _____

Emergency Contact Name _____

Parent/Guardian _____

Emergency Contact Phone _____

Parent/Guardian Phone _____

Primary Doctor Name & Phone _____

Allergies: Check those which apply to this camper.

- This camper has no known allergies
- This camper has an allergy to the following food(s) _____
Describe reaction and what is done to manage _____
- This camper is allergic to the following medication(s): _____
Describe reaction and what is done to manage _____
- This camper is allergic to the following: _____
Describe reaction and what is done to manage _____

Dietary Needs: Check those which apply to this camper. Please call if you have a question about diet.

- Has No Dietary Needs
- Vegetarian
- Lactose Intolerant
- Gluten Free
- Other

Please specify dietary needs _____

Medication: Bring enough medication to last the entire session. ALL medications MUST be in original pharmacy containers and labeled appropriately.

- This camper does not take routine medication (including vitamins)
- This camper takes routine medication as follows (attach additional pages if more space is needed):

Name of Medication _____
Reason for Taking _____
Dosage _____
Time(s) Given _____

Name of Medication _____
Reason for Taking _____
Dosage _____
Time(s) Given _____

The following medications are available to be dispensed by our Health Officer as directed by protocol. Please cross out any that should NOT be given. Medication will be given in age appropriate dosage.

Acetaminophen (Tylenol) Diphenhydramine (Benadryl) Ibuprofen Antifungal Spray/Cream Cough Drops Eye Drops
Bismuth Subsalicylate (Pepto-Bismol) Hydrocortisone Cream Triple Antibiotic Cream Calcium Carbonate (Tums) Aloe
Dextromethorphan (Cough Syrup) Lice Shampoo or Cream (Nix or Elimite)

Immunizations:

Please provide the month and year of last Tetanus shot ____ / ____

- I attest that all immunizations required for school are up to date, and am able to provide necessary documentation if asked. Please Initial _____

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: _____ Date: _____

Swimming Ability:

- Non-Swimmer
- Beginner – minimal swimming skills; avoids deep water
- Intermediate – comfortable in deep water

Camper Name _____

Mental, Emotional, and Social Health: Circle "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)?
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? (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. Attach additional pages if more space is needed.

General History: Circle "yes" or "no" for each statement. Has/does the camper:

- | | |
|---|---|
| yes no 1. Been hospitalized? | yes no 12. Had a recent injury/infectious disease? |
| yes no 2. Have recurrent/chronic illnesses? | yes no 13. Have diabetes? |
| yes no 3. Have asthma/wheezing/shortness of breath? | yes no 14. Have headaches or migraines? |
| yes no 4. Had seizures? | yes no 15. Had fainting or dizziness? |
| yes no 5. Had chicken pox? | yes no 16. Had back or joint problems? |
| yes no 6. Passed out/had chest pain during exercise? | yes no 17. Have any skin problems? |
| yes no 7. Have problems with diarrhea/constipation? | yes no 18. Have a history of bedwetting? |
| yes no 8. Have problems with falling asleep/sleepwalking? | yes no 19. Have difficulty hearing? |
| yes no 9. Wear glasses, contacts or protective eyewear? | yes no 20. If applicable, knowledge of menstruation? |
| yes no 10. Traveled outside the country in the past 9 months? | yes no 21. If applicable, has a normal menstrual history? |
| yes no 11. Had surgery? | |

Please explain "YES" answers in the space below, noting the number of the questions. For travel outside of the country, please name countries and visited dates of travel. Attach additional pages if more space is needed.

Insurance Information: In the event that your child needs to be seen by someone other than our Health Officer, it is helpful for us to have insurance information to pass onto the treating hospital or clinic.

Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone _____

Other Information: Please provide additional information about the camper's health or restrictions not mentioned elsewhere on this form that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional pages if more space is needed.

I hereby give permission to the person named above to participate in all aspects of the program at Good Earth Village without restrictions except as noted above. I give permission to the medical personnel selected by the camp director to provide routine health care, to administer prescribed medications, and to administer emergency treatment to my child. Good Earth Village will make every effort to contact me if my child needs emergency medical/surgical treatment, but if I cannot be reached, Good Earth Village will make every effort to reach the listed emergency contacts.

I give permission to Good Earth Village medical personnel to authorize necessary medical treatment, including, but not limited to x-rays, hospitalizations, injections, or surgery. I understand that my insurance has primary coverage and Good Earth Village insurance is secondary. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes. If the person named above is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996.

I also agree to the disclosure to camp representatives of protected health information of the person named above in order to provide information related to the person's ability to participate in camp activities; and if the person named above is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

This completed form may be photocopied for trips out of camp. I give permission for my child to participate in trips offsite in camp vehicles. I also give permission for any pictures and videos taken of my child to be used for promotional purposes.

Parent/Guardian Signature _____ Date _____