

# 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

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

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 more information if needed*

Name of Medication \_\_\_\_\_

Name of Medication \_\_\_\_\_

Reason for Taking \_\_\_\_\_

Reason for Taking \_\_\_\_\_

Dosage \_\_\_\_\_

Dosage \_\_\_\_\_

Time(s) Given \_\_\_\_\_

Time(s) Given \_\_\_\_\_

**The following medications are available to be dispensed by our Health Officer as directed by protocol. Medications Listed should NOT be given. Medication will be given in age appropriate dosage.**

## 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*

**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 sheets if more space is needed.*

**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 sheets 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 page(s) as necessary.

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 listed contacts cannot be reached.

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 \_\_\_\_\_