

YOUTH HEALTH HISTORY FORM



Staff Use Only

Health Screening (initial):

Notes:

Session:

Cslr:

Unit:

Name:

Camper's Name _____

Gender: _____ Birthdate: _____ Grade in Fall: _____

Home Address: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN AUTHORIZATION and CONSENT TO TREAT

If for any reason you wish not to authorize treatment, please attach a letter of explanation.

I attest that my camper is in good health and able to actively participate in camp activities except as noted in this form. I take full responsibility to see that my child is properly prepared for camp including having proper clothes and equipment and being in good health. I authorize the camp to provide routine health care, administer prescribed and over-the-counter medications that I am sending to camp, as well as any medications recommended by the camp's health care staff for various problems except as I have noted in this form. I authorize the camp to share information on this Health History document with selected camp staff (counselor, health care, inclusion staff, etc.) and professional health care providers on a need-to-know basis. In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician or one of the alternates listed on my child's Camp Registration form, I hereby give my permission to the physician secured by the camp to hospitalize, secure treatment for and order injection, anesthesia or surgery for my child named above. I authorize the camp to arrange and/or provide necessary related transportation for my child. I agree to be responsible for expenses incurred in the care and treatment of my child.

Signature of Parent/Legal Guardian: _____

Date: _____

MEDICAL INSURANCE and PHYSICIAN INFORMATION

Insurance Company: _____

Policy #: _____ Group #: _____

Name of Subscriber: _____ Copay: _____

Insurance Company Phone Number: _____

Name of camper's primary physician: _____

Physician's Phone Number: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian 1:

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Parent/Guardian 2:

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Emergency Contacts

Whom should we contact in case parent(s) cannot be reached?

Name: _____

Phone: _____

Relationship to Child: _____

Name: _____

Phone: _____

Relationship to Child: _____

Authorized Pick-Up People

List anyone else that is authorized to pick up your child from camp.

ALLERGIES

List all known allergies, including reaction and treatment to be given:

DIET and NUTRITION

Check any foods that the camper does NOT eat:

Red Meat Pork Chicken/Turkey Fish/Seafood Wheat/Gluten Milk/Dairy

Any other dietary restrictions?

HEALTH HISTORY

Does the camper have a history of any of the following?

Asthma Bedwetting Diabetes Heart Problems Hospitalization
 Migraines Mononucleosis Nightmares Physical Disabilities Seizures
 Surgery Sleepwalking Recent Illness or Injury

Describe any of the above, or any other past or current medical conditions:

MENTAL & EMOTIONAL HEALTH

Has the camper been diagnosed or treated for any of the following?

ADD or AD/HD Anxiety Autism Depression Developmental disabilities
 Eating disorder Learning disability PTSD OCD ODD

Describe any of the above, or any other developmental, mental, or emotional conditions:

Has the camper seen a mental health professional in the past 12 months? Yes No

Any home, family or other life experiences or circumstances that camp staff should know about?

MEDICATIONS

The following medications (or their generic equivalents) may be stocked in the camp Health Center and administered as needed.

Acetaminophen (Tylenol)	Cough drops/throat lozenges	Hydrocortisone
Albuterol inhaler or nebulizer	Dimetapp	Ibuprofen (Advil)
Aloe vera	Diphenhydramine (Benadryl)	Insect repellent
Antibiotic ointment	Dramamine	Laxatives (Milk of Magnesia)
Baking soda	Electrolyte juices (Gatorade)	Lice shampoo or cream
Bismuth subsalicylate (Pepto-Bismol)	Epinephrine (Epi-pen) <i>for life-threatening emergencies only</i>	Lidocaine jelly
Calamine or Caladryl lotion	Glucose tablets/Glucagon	Phenylephrine (Sudafed PE)
Calcium carbonate (Tums)	Guaifenesin with dextromorphan (Robitussin)	Sunscreen
Chloraseptic/Cepastat	Herbal tea	
Cetirizine (Zyrtec)		

List any medications that the camper should not be given:

IMMUNIZATIONS

Indicate whether each immunization is current:

Diphtheria, tetanus, pertussis (DTaP/TdaP):	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Immunized
Date of last tetanus booster (month/year): _____			
Hepatitis A:	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Immunized
Hepatitis B:	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Immunized
Haemophilus influenza type B (HIB):	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Immunized
Human Papilloma Virus (HPV):	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Immunized
Polio (IPV):	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Immunized
Meningococcal meningitis (MCV4):	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Immunized
Mumps, measles, rubella (MMR):	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Immunized
Pneumococcal (PCV):	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Immunized
Varicella (Chicken Pox):	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Immunized
Tuberculosis (TB) Test:	<input type="checkbox"/> Current	<input type="checkbox"/> Not Current	<input type="checkbox"/> Never Tested

I understand the potential risks associated with sending my child to camp without one or more of these vaccinations:
(Initial) _____

ANYTHING ELSE?

Is there anything else we should know about your child?

