

# Chilkoot Expedition Health History

## Camper Health History

### ALLERGIES

#### Check All That Apply \*

- Food Allergy  
 Medicine Allergy  
 Environment Allergy (insect stings, hay fever, animal dander, etc.)  
 No Known Allergies

If you clicked "YES" to any allergy/s, please provide a brief explanation, including the nature and severity of the reaction to the allergen, and use of EPI or other controller medications/inhalers.:

### DIET, NUTRITION

#### Check All That Apply \*

- Regular diet  
 Vegetarian diet  
 Special food needs

**Please describe special food needs here:**

### SWIMMING ABILITIES

#### Select one \*

- Poor swimmer or non-swimmer  
 Swims comfortably in deep water (water depth of 5ft or more.)

### MEDICATIONS

"Medication" is any substance a person takes (orally or topically) to maintain and/or improve their health. This includes Midol, birth control pills, inhalers, epi-pens, ibuprofen, vitamins, and natural remedies.

If indicating "YES" in the question below... Bring enough medication to last the entire time at camp.

Over-the-counter medication brought to camp must be in original containers with labels. Prescription medications brought to camp must be in original containers with labels that show the campers name and how the medication should be given.

If indicating "NO" in the question below... This camper WILL NOT take any routine or daily medications while at camp, nor is she bringing any medications with her to camp.

**Are medications being brought to camp?**

**Yes    No**

If yes, identify medications (dosage, frequency, reason) here:

**Does this camper take medications during the school year that she does not take during summer?**

**Yes    No**

If yes, identify medications (dosage, frequency, reason) taken during the school year that camper will not take during summer:

**The following non-prescription medications may be stocked in the camp first aid supplies and are used on an as needed basis to manage illness and injury. Check those that the camper ~ SHOULD NOT ~ be given:**

1. Ibuprofen (Advil®, Motrin®) \_\_\_\_
2. Acetaminophen (Tylenol®) \_\_\_\_
3. Pseudoephedrine decongestant (Sudafed®)\_\_\_\_
4. Generic cough drops \_\_\_\_
5. Diphenhydramine antihistamine/allergy medicine (Benadryl®)\_\_\_\_
6. Epinephrine emergency treatment of allergic reactions (anaphylaxis) (EpiPen® auto-injector)\_\_\_\_
7. Laxatives for constipation (ExLax®) \_\_\_\_
8. Loperamide anti-diarrheal (Imodium A-D®)\_\_\_\_
9. Antibiotic ointment \_\_\_\_
10. Aloe with Lidocaine for sun burn relief \_\_\_\_
11. Anti-itch creams or sticks \_\_\_\_
12. Antacids (Rolaids®) \_\_\_\_

**If any of the above was checked as NOT to be given, please explain here (indicate # and reason):**

### **IMMUNIZATIONS**

Date of last tetanus shot (month/year): \_\_\_\_\_ / \_\_\_\_\_

Is your camper up to date on all immunizations required for school?

**Yes    No**

If 'NO' please indicate reason:

## **GENERAL HEALTH HISTORY**

### **Has/does the camper: \***

1. Ever been hospitalized?
2. Ever had surgery?
3. Have chronic/recurrent illnesses?
4. Had a recent infectious disease?
5. Had any recent injury?
6. Had asthma/wheezing/shortness of breath?
7. Have diabetes?
8. Had seizures, epilepsy or other neurological?
9. Wear glasses, contacts or protective eyewear?
10. Ever been knocked unconscious?
11. Had fainting or dizziness?
12. Passed out/had chest pain during exercise?
13. Had mononucleosis in the past 12 months?
14. Had problems with periods/menstruation?
15. Have problems with falling asleep/sleepwalking?
16. Had back, joint or orthopedic problems?
17. Have a history of bed-wetting?
18. Had problems with diarrhea/constipation?
19. Have severe acne or other skin problems?
20. Had a head injury, concussion or severe headaches?
21. Traveled outside the country in the past 9 months?

### **None of the above**

Please explain "yes" answers, noting the number of the question/s. For travel outside the country, please name countries visited and dates of travel:

## **MENTAL, EMOTIONAL, AND SOCIAL HEALTH**

Has the camper:

1. Have, or ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
2. Have, or received therapy, counseling or treatment in the last 12 months for any mental emotional or behavioral difficulties?
3. Have a history of or ever been treated for an eating disorder, cutting or other self-abuse?
4. Had a significant life event that continues to affect the camper's life? (Abuse history, death of loved one, family change, adoption, disaster, etc) None of the above

Please explain "yes" answers, noting the number of the question/s in your response:

## **LIMITATIONS AND MODIFICATIONS**

Considering the nature of ERBC Chilkoot Expedition activities, does the camper have any condition/s or limitation/s (physical, mental, emotional), already described or otherwise, which may necessitate care, affect the camper's well-being or the well-being of others, or affect the camper's ability to engage in camp activities?

Yes No

If answered "YES" above, include any adaptations or modifications you believe may be appropriate or necessary for the camper. Email the camp additional information if needed.

## **OTHER HEALTH INFORMATION**

Is there any other camper health information that ERBC should know about?

Yes No

If answered "YES" above, please explain. Email the camp additional information if needed.