Brantwood Camp
PO Box 3350, Peterborough, NH 03458
(603) 924 - 3542
info@brantwood.org

HEALTH HISTORY FORM/PERMISSION TO TREAT
(Please Print)

Camper Information

Last Name _____ First Name _____ M ____ F ____

Date of Birth _____/_____/_____ Age _____ Grade _____

Parent/Guardian Name: _____

Home Address _____
(Address - Include Unit/Apt. Number) (City) (State) (Zip)

Cell Phone _____ Work Phone _____ Home Phone_____

Second Parent/Guardian Name: _____

Home Address _____
(Address - Include Unit/Apt. Number) (City) (State) (Zip)

Cell Phone _____ Work Phone _____ Home Phone_____

If none of the people listed above are available in an emergency, the Camp should notify:

Emergency Contact Name: _____ Relationship to Child_____

Cell Phone_____ Work Phone_____ Home Phone_____

Relevant Medical Information (*please attach additional page if necessary*)

Operations or Serious Injuries_____

Chronic or Recurring Illness/Medical Conditions _____

Restrictions from Camp Activities _____

Dietary Restrictions (*i.e. vegetarian, no pork, lactose intolerance, etc.*)_____

Current Medications (*prescription & over the counter)* _____

Physical/Mental/Emotional Conditions that the staff should be aware of _____

Do you carry medical/hospital insurance? ☐ Yes ☐ No If yes, please provide a photocopy of the card.

For females Has she had her first menstrual period? ☐ **Yes** ☐ **No** If no, has she been told about it? ☐ **Yes** ☐ **No**
If yes, is her menstrual cycle normal? ☐ **Yes** ☐ **No** May she be given tampons? ☐ **Yes** ☐ **No**

Over the Counter Medications

The camp nurse or designee may administer the following over-the-counter medications to campers as needed and as directed by the package instructions. Please place a checkmark next to any OTC medications that you **DO** give permission for the camp to administer to your camper.

	Ibuprofen		Antibiotic ointment		Loratadine
	Acetaminophen		Midol		Cough drops
	Calcium carbonate		Bonine		Hydrocortisone 1% cream
	Robotussin		Calamine lotion		Sterile eye wash

Authorization for treatment and release: I hereby give permission to the medical personnel selected by Brantwood Camp to dispense medications, provide routine health care, seek emergency treatments, order X-rays, routine tests, treatment, the release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Brantwood Camp to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp. I understand that I may contact the camp and sign a waiver and refuse this permission to treat. In the event of an emergency where I cannot be reached or am unable to pick up my child, I hereby give Brantwood Camp permission to release my child to the person(s) named as the second parent/guardian, emergency contact, the agency the referred my child, or individuals appropriately indicated on the Camper Application Form.

Signature of parent/guardian _____ **Date** _____