Camp Wartburg
5705 LRC Rd
Waterloo, IL 62298



Phone: 6189397715

Health Form

For:

Health Form

All information requested is confidential. It will be used to help the Camp staff better serve your child.

General Information

Information Provided by/Relationship to Camper	
Camper Name	
Date of Birth	
Parent/Guardian Name	
Full Home Address (Address, City, State, Zip)	
Primary Phone	
Day Phone (during Camp session)	
Second Parent/Guardian	
Full Home Address (Address, City, State, Zip)	
Primary Phone	
Day Phone (during Camp session)	

Emergency Contact

Name and Relationship	
Emergency Phone	

About your Child

Do you think your child may be homesick while at Camp?	☐ Yes	☐ No
Are there any home situations that camp staff should be sensitive to while your child is at camp? (Divorce, accident, death, illness, loss of pet, recent move, etc…)		

For:

Health History

HAS / DOES / IS YOUR CHILD:

1. Had any recent injury/illness/infectious disease?	☐ Yes	☐ No
2. Have a chronic or recurring illness/condition?	☐ Yes	☐ No
3. Ever been hospitalized?	☐ Yes	☐ No
4. Ever had surgery?	☐ Yes	☐ No
5. Have frequent headaches?	☐ Yes	☐ No
6. Ever had a head injury?	☐ Yes	☐ No
7. Ever been knocked unconscious?	☐ Yes	☐ No
8. Wear glasses/contacts/protective eyewear?	☐ Yes	☐ No
9. Ever had frequent ear infections?	☐ Yes	☐ No
10. Ever passed out during or after exercise?	☐ Yes	☐ No
11. Ever been dizzy during or after exercise?	☐ Yes	☐ No
12. Ever had seizures?	☐ Yes	☐ No
13. Ever had chest pain during or after exercise?	☐ Yes	☐ No
14. Ever had high blood pressure?	☐ Yes	☐ No
15. Ever had problems with joints (e.g., knees, ankles)?	☐ Yes	☐ No
16. Ever been diagnosed with a heart murmur?	☐ Yes	☐ No
17. Have Attention Deficit Disorder?	☐ Yes	☐ No
18. Ever had back problems?	☐ Yes	☐ No
19. Have frequent nose bleeds?	☐ Yes	☐ No
20. Bringing an orthodontic appliance to camp?	☐ Yes	☐ No
21. Have any skin problems (e.g., itching, rash)?	☐ Yes	☐ No

For:

22. Have diabetes?	☐ Yes	☐ No
23. Have asthma?	☐ Yes	☐ No
24. Had Mononucleosis in the past 12 months?	☐ Yes	☐ No
25. Had problems with diarrhea/constipation?	☐ Yes	☐ No
26. Have problems with sleepwalking?	☐ Yes	☐ No
27. If female, have an abnormal menstrual history?	☐ Yes	☐ No
28. Have a history of bed wetting?	☐ Yes	☐ No
29. Ever had an eating disorder?	☐ Yes	☐ No
30. Ever had emotional difficulties for which professional help was sought?	☐ Yes	☐ No

If "yes," please indicate the number and explain.

Allergies

Does your child have any allergies?	☐ Yes	☐ No
If "yes," please list allergies (including food allergies), and, if applicable, describe the reaction and management of the reaction.		

Additional Needs

Does your child have special needs?	☐ Yes	☐ No
If "yes," please check all that apply	☐ Orthodontic ☐ Visual ☐ Hearing	☐ Dietary ☐ Other

If "yes," please describe needs

Medical Requirements

I attest that all immunizations required for school are up-to-date.

☐ Yes ☐ No

For: _____

When was your child's last tetanus shot?

If you choose not to vaccinate your child, Camp Wartburg will need a signed letter for your camper's file.

Insurance Carrier

Member Name (Primary Card Holder)

Group #

ID #

Name of family physician

Phone #

Name of dentist/orthodontist

Phone #

I hereby give permission for Camp Wartburg to provide routine health care and administer the following over-the-counter medications if the designated medication provider deems it necessary. Dosage will be administered according to directions on the bottle unless a physician directs otherwise.

- ☐ Headache - Tylenol/Advil
- ☐ Upset Stomach - Pepto-Bismol/Tums
- ☐ Menstrual Cramps - Ibuprofen
- ☐ Poison Ivy - Calamine Lotion or Cortaid
- ☐ None of the above

For Social Service Agency (LCFS, DCFS, etc.) Use Only

If the Camp must obtain these consents from the agency that has legal guardianship of the camper, please give contact person's name and phone numbers.

Contact Person

Phone #

In signing this form, I hereby certify that the above information is correct and give permission for my son or daughter to be transported in privately owned vehicles or public transportation for approved out-of-camp activities, and for the release of medical records in case of injury.

In case of emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Executive Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or for surgery for my child, as named herein. We agree to hold harmless Camp Wartburg and its affiliates for all injuries or damages unless caused by their gross negligence or willful neglect.

Your child's health care and safety is one of our most important responsibilities. We are in consultation with a medical doctor/registered nurse. Such things as insect bites, headaches, minor poison ivy, upset stomachs, cuts, and scrapes, etc. are considered routine medical care. It is our policy to contact parents only if a child experiences illness or injury requiring more than routine medical care. However, please feel free to contact the Camp Manager to ask any questions about your child. This form may be photocopied for trips out of camp.

Signature _____ Date _____