## CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

| Camper Name:   |        |      |
|----------------|--------|------|
| First          | Middle | Last |
| Birth Date:    |        |      |
| Month/Day/Year |        |      |

Immunization History: Provide the month and year for each immunization. Starred (\*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

| Immuniza   | ation  | Dose 1<br>Month/Year  | Dose 2<br>Month/Year   | Dose 3<br>Month/Year   | Dose 4<br>Month/Year   | Dose 5<br>Month/Year  | Most Recent Dose<br>Month/Year                          |
|--|--|---|--|--|--|---|---|
| Diptheria, tetanus, p<br>(DTaP) or (TdaP)  | ertussis <del>*</del>  |   |  |  |  |   |   |
| Tetanus booster★<br>(dT) or (TdaP)   |  |   |  |  |  |   |   |
| Mumps, measles, ru<br>(MMR)  | ıbella⋆  |   |  |  |  |   |   |
| Polio★<br>(IPV)  |  |   |  |  |  |   |   |
| Haemophilus influer<br>(HIB)   | nzae type B  |   |  |  |  |   |   |
| Pneumococcal<br>(PCV)  |  |   |  |  |  | -   | '<br>   |
| Hepatitis B  |  |   |  |  |  |   | <u>'</u>  |
| Hepatitis A  |  |   |  |  |  |   |   |
| Varicella ☐Ha<br>(chicken pox) Date  | ad chicken pox   |   |  |  |  |   | <u>'</u>  |
| Meningococcal men<br>(MCV4)  |  |   |  |  |  |   | <u>'</u>  |
| Tuberculosis (TB) te   |  | Date:   | ☐ Nega   |  | ☐ Positive   |   |   |
| beina fully immuni   |  | mmamzeu, pieas  | e sign the follow  | <i>ing statement:</i> i un   | derstand and acce  | ept the risks to m  | y child from not  |
| being fully immuni Signature of Custodial Parent/Guardian:   | zed.   |   | e sign the follow  |  | Re   | ept the risks to m<br>elationship<br>Camper:  | •   |
| Signature of Custodial Parent/Guardian:  | zed.   |   |  | Date:  | Re   | •<br>elationship  | •   |
| Signature of Custodial Parent/Guardian:  | zed. his camper will r   |   | nedications while a  | Date:  | Re   | •<br>elationship  | •   |
| Signature of Custodial Parent/Guardian:  Medication:  The Treat Treatment of The Treatment of Tr | his camper will rais camper will tasubstance a pers              | not take any daily make the following da son takes to mainta                  | nedications while a<br>ily medication(s)<br>iin and/or improve<br>Many states req  | Date:  | Re<br>to<br>cludes vitamins & n                                  | elationship<br>Camper:<br>atural remedies. <u>F</u>                                       | Please review camp                                      |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a<br>illy medication(s)<br>in and/or improve<br>Many states req<br>ovide enough of   | Date:  | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to mainta                  | nedications while a<br>illy medication(s)<br>in and/or improve<br>Many states req<br>ovide enough of   | Date:  | Re<br>to<br>cludes vitamins & n                                  | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp                                      |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a ily medication(s) in and/or improve Many states required enough of aking it  | Date: attending camp. while at camp: their health. This in uire original pharme each medication to When it is given akfast   | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a lily medication(s) ain and/or improve Many states required enough of aking it  | Date: attending camp. while at camp: their health. This in uire <u>original pharma</u> each medication to When it is given kfast ch  | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a lily medication(s) in and/or improve Many states required enough of aking it   | Date: attending camp. while at camp: their health. This in uire <u>original pharma</u> each medication to When it is given kfast ch  | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a lily medication(s) ain and/or improve Many states required enough of aking it    Bread   Control   | Date:  | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a lily medication(s) and/or improve Many states required enough of aking it    Bread   Country   | Date:  | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>l be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a lily medication(s) ain and/or improve Many states required enough of aking it  Bread Dinr  Bread Dother  Bread Dother  Bread Dinr  | Date:  | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a nily medication(s) ain and/or improve Many states required enough of aking it  Bread Dinra Bedd Other Dinra Bedd Dinra Bedd  | Date:  | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a nily medication(s) ain and/or improve the many states required enough of aking it  Bread Dothe Bread Dunn Bedd Chee  | Date:  | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a sily medication(s) ain and/or improve Many states requoide enough of aking it    Breat   Dinr   Bed   Dother     Dinr   Bed   Dinr     Bed   Dinr     Bed   Dinr     Bed   Dinr     Bed   Dinr     Bed   Dinr     Bed   Dinr     Bed   Dinr     Bed   Dinr     Bed   Dinr     Dinr   Dinr     Bed   Dinr     Dinr   Dinr   | Date: attending camp. while at camp: their health. This in uire original pharme each medication to When it is given akfast ch er ime er time: ch er ime er time: ch er ime er time:            | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:  The Treatment of The Treatment of Treatmen | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a lily medication(s) ain and/or improve Many states requorded enough of aking it    Breat   Dunit     Dinreat   Dunit   Dunit   Dunit     Dinreat   Dunit   Dunit   Dunit     Dinreat   Dunit   Dunit   Dunit     Dinreat   Dunit   Dunit   Dunit   Dunit   Dunit   Dunit     Dinreat   Dunit   Dunit   Dunit   Dunit   Dunit   Dunit   Dunit     Dinreat   Dunit   Dunit   Dunit   Dunit   Dunit   Dunit   Duni | Date: attending camp. while at camp: their health. This in uire original pharme each medication to When it is given kfast ch er ime er time: kfast ch er ime er time: kfast ch er ime er time: | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |
| Signature of Custodial Parent/Guardian:  Medication:   | his camper will rais camper will tasubstance a persequired packa | not take any daily make the following da son takes to maintanging/containers. | nedications while a sily medication(s) in and/or improve Many states required enough of aking it    Breat   Bed   Cothe     Breat   Cothe   Cothe     Breat   Cothe     Breat   Cothe     Breat   Cothe     Breat   Cothe   Cothe   Coth | Date: attending camp. while at camp: their health. This in uire original pharme each medication to When it is given kfast ch er ime er time: kfast ch er ime er time: kfast ch er ime er time: | cludes vitamins & n<br>acy containers wit<br>last the entire tim | elationship<br>Camper:<br>atural remedies. <u>F</u><br>h labels which she the camper will | Please review camp<br>how the camper's<br>I be at camp. |

The following non-prescription medications may be stocked in the camp Health Center and are used on an <u>as needed basis</u> to manage illness and injury. **Cross out those the camper should <u>not</u> be given.** 

Acetaminophen (Tylenol)

Phenylephrine decongestant (Sudafed PE)

Antihistamine/allergy medicine

Diphenhydramine antihistamine/allergy medicine (Benadryl)

Sore throat spray

Lice shampoo or cream (Nix or Elimite)

Calamine lotion

Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)

Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin)

Dextromethorphan cough syrup (Robitussin DM)

Generic cough drops Antibiotic cream

Aloe

Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

Copyright 2008 by American Camping Association, Inc.

Page 2/4

Rev. 1/2007 LEE/EAW