

CAMPER HEALTH HISTORY FORM 1

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

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

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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.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

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

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

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Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.



CONSENT FOR MEDICAL TREATMENT

Did you know that in your absence, no one caring for your children could authorize their medical care without your written permission? Please complete this form and send it to us with your registration package. This will ensure that in an emergency, your child will receive prompt, necessary medical care even if you are not there to give consent. Please make a copy for your records and bring with you during registration day and have it available for our medical staff.

CONSENT FOR MEDICAL TREATMENT DECLARATION

In case of emergency, I authorize the physician on duty at Camp Wawona to give consent during my absence for my children) listed below to receive any necessary health care and or be hospitalized from (Date) ____/____/____ to ____/____/____

Child's full name _____ Date of birth _____

Child's physician/phone number _____

Important medical history (chronic conditions, allergies, etc.) _____

Name of parent(s) or guardian(s) _____

Cell Phone number of parent(s) or guardian(s) _____

Work Phone number of parent(s) or guardian(s) _____

Home Phone number of parent(s) or guardian(s) _____

Address of parent(s) or guardian(s) _____

Work Email Address _____

Home Email Address _____

Signature of parent(s) or guardian(s)

Date



PO Box 2055
 Wawona, CA 95389
 P 209-375-6231
 F 209-375-1527
 www.campwawona.org

Exemption From Immunization Requirements

What is the purpose of this form?

Because our camp program has a potential for communicable diseases, we recommend that program participants are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, smallpox, pertussis (whooping cough), and diphtheria. This being said, we recognize that some individuals may not be fully immunized for reasons that are biophysical (e.g., the individual is allergic to a serum component) or of personal choice (e.g., faith belief). This form is intended to capture information about individuals who are not fully immunized.

Who should complete this form?

- A custodial parent/legal guardian of an underage camper who is not fully immunized.
- An adult participant, including a staff member, who is not fully immunized.

I requested that _____, enrolled in session _____ be exempted from the immunizations required for attendance at Camp Wawona. The reason for this request is as follows:

Name of Individual

To the best of my knowledge and belief, the person named above is and has been in normal good health and is free from all communicable or contagious disease. Should this participant show symptoms that reasonably indicate the presence of a communicable or contagious disease, I agree that a physical examination may be performed. I also agree that if any such disease is found, we – the named individual and his/her family – will comply with the quarantine or isolation procedures required of the camp as directed by the state’s Department of Health.

It is further understood that, should a communicable disease emergency arise, I will be notified. However, in the event that I cannot be contacted, the camp’s administrator(s) and healthcare staff may take the temporary measures they deem necessary to protect the health status of this participant.

I release and forever discharge Camp Wawona and each and every one of its officers, directors, employees, agents, insurers, affiliates, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the Released Parties) from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness and treatment of

Name of Individual

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness and treatment of _____ against the Released Parties.

Name of Individual

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.

Signature of Parent/Guardian:

Date: _____



LIABILITY WAIVER, RELEASE AND INDEMNITY AGREEMENT

For and in consideration of Camp Wawona permitting _____ (“Camper”) to engage in recreational and other activities conducted by Camp Wawona, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to the above-named Camper arising as a result of engaging (or receiving instructions) in any and all such recreational and/or other activities, wherever or however the same may occur and for whatever period such recreational and/or other activities (or instructions) may continue and the undersigned does for himself/herself, his/her heirs, executors, administrators and assigns, hereby release, waive, discharge and relinquish any action or causes of action aforesaid, which may hereafter arise for himself/herself and for his/hers estate, and agrees that under no circumstances will he/she or his/hers heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against Camp Wawona or any of its parent or related organizations or any officers, agents, servants, members or employees of any of said organizations, from all causes of action, whether the same shall arise by the negligence of any of said organizations or persons, or otherwise. IT IS INTENTION OF THE UNDERSIGNED, BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE CAMP WAWONA AND THE OTHER DESCRIBED PERSONS AND ORGANIZAITONS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR OTHERWISE. The undersigned hereby voluntarily assumes all risks of loss, damage, or injury that may be sustained by the above-named Camper while engaging in such recreational and/or other activities. The undersigned acknowledges that these include, but not necessarily limited to: horseback riding, rope course activities (low and high elements, rock climbing, mountain biking, aquatic sports (swimming, water skiing, wake boarding, boating), backpacking, and wilderness survival. The undersigned understands that all strenuous activities such as the above have inherent risks that may result in serious injury or death. The undersigned represents that the above-named Camper has no health or physical condition that will interfere with recreational and other activities conducted by Camp Wawona including, but not limited to, the above-named specific activities or cause him/her to be more susceptible to injury than the average person.

The undersigned, for himself/herself, his/her heirs, executors, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Camp Wawona and/or any of its parent or related organizations or any officers, agents, servants, members or employees of any said organizations, the undersigned shall indemnify and save harmless such persons and entities from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The Undersigned acknowledges that he/she has read the foregoing two (2) paragraphs and is fully aware of the legal consequences or signing the within instrument.

Date: _____

(Signature of Camper)

I am the parent/guardian of _____. I acknowledge that I have read the foregoing three (3) paragraphs and have been fully explained them to him/her. On his/her behalf, I also enter into the above agreement. I am fully aware of the legal consequences of signing this instrument.

Date: _____

(Signature of Parent/Guardian)



Picture-Video Release Form

I _____, parent guardian of
(Please Print Name)

_____ agree that Camp Wawona
(Camper's Name(s))

shall exclusively own any video, photographs and all elements thereof. Camp Wawona shall have the sole and exclusive right to utilize the Video in any and all media now known or hereafter devised locally or worldwide, in perpetuity, including not by means of limitation in and in connection with all promotion, publicity, marketing or advertisement thereof. In the event that my child/ camper appear in any video/photograph, Camp Wawona shall have the unlimited right to use my child's/ camper's name, voice, and likeness (collectively "Likeness") in connection with any promotion, publicity, marketing or advertisement for Camp Wawona or any utilization of the video/photographs of any kind.

I agree to forever release and hold harmless Camp Wawona and/or any of their respective licensees, assignees, or parents, or affiliated or subsidiary companies, and the officers, employees and directors thereof (collectively, "Releasees") from any and all liability arising out of their use of any video or photographs of my child's/camper Likeness. I agree not to make any claim against Releasees as a result of the use of any video/photographs or my child's/camper Likeness (including, without limitation, any claim that such use invades any right of privacy and/or publicity and any claims based on defamation, libel or false light or copyright infringement of any sort). I waive any rights my child/camper may have in the video/photographs

(Parent / Guardian Signature) Date: _____

(Parent / Guardian Print Name)



Violence Policy and Waiver

Camp Wawona has a zero-tolerance policy regarding violence. If a child punches, kicks, or otherwise intentionally harms another person, he or she will immediately be dismissed from camp. The child's parent or guardian must promptly provide the child with transportation from camp. No camp fee will be refunded.

I understand Camp Wawona's policy concerning violence and certify that, upon request from the camp director, I will comply with its conditions.

Name of Camper (print)

Name of Parent (print)

Date

Signature

Graffiti Policy and Waiver

Writing on walls, graffiti, or other destruction of facility property will not be tolerated. Camp Wawona will add a \$250.00 charge to the offending camper's fee to remove and repair any damage.

I understand Camp Wawona's policy concerning graffiti and certify that, upon request from the camp director, I will comply with its conditions.

Name of Camper (print)

Name of Parent (print)

Date

Signature