

DAY CAMP HEALTH HISTORY FORM 201)

Second Parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Main Phone: _____

Secondary Phone: _____ Email: _____

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, the reaction seen and treatments/precautions needed - i.e. Epinephrine.)

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.)*

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 _____

Relationship _____

Parent/Guardian _____

Date: _____

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. We 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 is it taken	Amount or dose given	How is it given

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)

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)

Naproxen (Aleve)

Ibuprofen (Advil, Motrin)

Pseudoephedrine decongestant (Sudafed)

Dextromethorphan cough syrup (Robitussin DM)

Generic cough drops

Antibiotic cream

Aloe

Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

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.**