



Overnight Campers: Camper Health Profile

For:

Allergies:

This camper has _____ allergies.

- No Food Medication
 Environmental (insect; stings; hay fever etc.) Other

Please describe below what the camper is allergic to and the reaction seen

Diet, Nutrition:

Diet, Nutrition

- This camper has no dietary restrictions This camper eats a vegetarian diet This camper eats a vegan diet
 This camper eats a gluten-free diet This camper eats a dairy-free diet This camper has other dietary restrictions

Please describe below

Restrictions:

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

For: _____

Medical Insurance Information

Please make a photocopy of the front and back of your camper's health insurance card and email it back with this form.

This camper is covered by family medical/hospital insurance

Yes

No

Insurance Company

Policy Number

Subscriber Name

Insurance Company Phone Number

Medications:

Camper Medication Instructions

The Camper Medication Form (separate) is required for all campers, even if they do not take medication, supplements, and/or vitamins while at camp.

CRITICAL: All medications, supplements, and vitamins must be packed by a pharmacist.

Be sure to log into www.packmyrx.com and submit all required information MORE THAN 30 days prior to your camper's session to order their medications.

If your camper's medications can't be filled by PackMyRx, please reach out to us to discuss alternative options.

Ensure Accuracy: Please make sure that medications/supplements/vitamins and their respective dosages and administration times match what you request with PackMyRx.

By adhering to these guidelines, you help ensure the safety and well-being of your camper during their time at camp.

Does your camper take daily medications, supplements, and/or vitamins?

yes

no

Overnight Campers: Camper Health Profile (continued)

For:

The following non-prescription medications are stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Check the medication(s) the camper should **NOT** be given. If all medication is ok to give please select the top option.

- | | |
|--|--|
| <input type="checkbox"/> ALL MEDICATION LISTED IS OK TO GIVE | <input type="checkbox"/> Acetaminophen (Tylenol) |
| <input type="checkbox"/> Phenylephrine decongestant (Sudafed PE) | <input type="checkbox"/> Antihistamine/allergy medicine |
| <input type="checkbox"/> Sore throat spray | <input type="checkbox"/> Lice shampoo or cream (Nix or Elimite) |
| <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Laxatives for constipation (Ex-Lax) |
| <input type="checkbox"/> Ibuprofen (Advil; Motrin) | <input type="checkbox"/> Pseudoephedrine decongestant (Sudafed) |
| <input type="checkbox"/> Guaifenesin cough syrup (Robitussin) | <input type="checkbox"/> Dextromethorphan cough syrup (Robitussin DM) |
| <input type="checkbox"/> Generic cough drops | <input type="checkbox"/> Antibiotic cream |
| <input type="checkbox"/> Aloe | <input type="checkbox"/> Bismuth subsalicylate for diarrhea (Kaopectate; Pepto-Bismol) |
| <input type="checkbox"/> MediHoney | <input type="checkbox"/> Hydrocortisone cream |
| <input type="checkbox"/> Lotrimin | |

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

Has/does the camper:

Ever been hospitalized

- Yes No

Ever had surgery

- Yes No

Have recurrent/chronic illnesses

- Yes No

Had a recent infectious disease

- Yes No

Had a recent injury

- Yes No

Had asthma/wheezing/shortness of breath

- Yes No

Have diabetes

- Yes No

Had seizures

- Yes No

Overnight Campers: Camper Health Profile (continued)

For: _____

Had headaches

Yes No

Wear glasses, contacts, or protective eyewear

Yes No

Had fainting or dizziness

Yes No

Passed out/had chest pain during exercise

Yes No

Had mononucleosis ("mono") during the past 12 months

Yes No

If female, have problems with periods/menstruation

Yes No Not Applicable

In the event of a camper's period, do you give permission for the camp nurse/designated staff to provide education and direct instruction on the proper use of pads or tampons?

Yes No Not Applicable

Have problems with falling asleep/sleepwalking

Yes No

Ever had back/joint problems

Yes No

Have a history of enuresis (bedwetting)

Yes No

Have problems with diarrhea/constipation

Yes No

Have any skin problems

Yes No

Traveled outside the country in the past 9 months

Yes 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

Overnight Campers: Camper Health Profile (continued)

For:

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

Has the camper:

Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)

Yes No

Ever been treated for emotional or behavioral health or an eating disorder

Yes No

During the past 12 months, seen a professional to address mental/emotional health concerns

Yes No

Had a significant life event that continues to affect the camper's life (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Yes No

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.

For:

Permission to Treat Authorization

I hereby give permission to the medical personnel to provide routine health care; to administer prescribed medications; and to administer emergency treatment for me/my child, including, but not limited to X-rays, routine tests and treatment and/or hospitalization; and to provide or arrange necessary related transportation for me/my child. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

If the person named herein is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996. I also agree to the disclosure to camp representatives of protected health information of the person named herein in order to provide information related to the person's ability to participate in camp activities; and if the person named herein is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person. This completed form may be photocopied for trips out of camp.

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.

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

Parent/Guardian Authorization for Health Care:

Signature _____ Date _____