

# Health History Form

Please print group name above

ALL campers MUST complete entire form per ACA standard HW-2. NEW!! This form is to be completed by the custodial parent or guardian.

Check Box I, (please print) \_\_\_\_\_, am 18 years of age or older and I am declining to provide this information. Signature \_\_\_\_\_ Date \_\_\_\_\_

## Camper Information: MANDATORY - ALL FIELDS ARE REQUIRED TO BE FILLED OUT

Camper's Name \_\_\_\_\_ Age Group \_\_\_\_\_ Dates of Camp \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Camper's Address \_\_\_\_\_

In case of an emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

## Insurance and Physician Information

Camper's Insurance Company \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_

Camper's Physician \_\_\_\_\_ Phone \_\_\_\_\_

## The following sections MUST be completed.

### Immunizations (Please give month/year)

Tetanus \_\_\_\_ / \_\_\_\_ TB \_\_\_\_ / \_\_\_\_ DPT \_\_\_\_ / \_\_\_\_ MMR \_\_\_\_ / \_\_\_\_ Polio \_\_\_\_ / \_\_\_\_ Hepatitis B \_\_\_\_ / \_\_\_\_

### Allergies (Please check yes or no)

Hay Fever  Yes  No Penicillin  Yes  No Sulfa  Yes  No Other Drugs  Yes  No

Bee Sting  Yes  No Poison Ivy/Oak  Yes  No Foods  Yes  No Other \_\_\_\_\_

### Health History (Please check yes or no—Attach separate sheet for explanations, if necessary)

Asthma  Yes  No Bed Wetting  Yes  No Fainting  Yes  No Ear Infection  Yes  No

Sinus Condition  Yes  No Seizures  Yes  No Diabetes  Yes  No Heart Disease  Yes  No

Hyperventilation  Yes  No Athlete's Foot  Yes  No ADHD/ADD  Yes  No Skin Disease  Yes  No

Other \_\_\_\_\_

Please explain any 'Yes' answers \_\_\_\_\_

Recent illness or surgery (please explain) \_\_\_\_\_

Recent exposure to communicable disease (please explain) \_\_\_\_\_

Is camper in good health and able to participate in all normal camp activities?  Yes  No

Please explain any restrictions \_\_\_\_\_

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

\*If the camper is a minor this form must be signed by the adult responsible for the camper. Relationship to Camper \_\_\_\_\_

## Current Medications

Does the camper have medication?  Yes  No

Health regulations require minor campers to turn in all medications in their **original containers**, clearly marked with name, drug and dosage to the group's nurse, under whose supervision all medications will be administered.

## Consent and Emergency Treatment Authorization:

In the event that I cannot be reached in an emergency or I, myself, am injured or in need of emergency medical care, I do hereby give my consent for the above named camper to receive such emergency treatment as deemed necessary by an attending physician.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Over-the-Counter** medication of any kind (including aspirin and Tylenol/Acetaminophen) will not be dispensed to campers in attendance at camp without the express permission of the custodial parent/guardian.

Do you authorize over-the-counter medication?  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

