YEA CAMP HEALTH HISTORY FORM

Camper Name: ____
First Middle Last

Dates will attend camp: from _____________ To _____________
Month/Day/Year Month/Day/Year

☐☐Male ☐ Female Birth Date ___________ Age on arrival at camp: ________

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

Complete pages 1, 2 3 & 4 of this form, including any additional information as needed and **BRING IT WITH YOU TO CAMP.** Your child cannot participate in our program without this signed form. *If your child has an allergy to common food ingredients (gluten, soy, corn) or a condition which requires special attention, please let us know before you arrive at camp.*

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: (_____) _______________ (_____)________________
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: (_____) _______________ (_____)________________
Email: ______________________

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

Name(s): _____________________________________ Relationship to Camper:___________

Preferred Phones: (_____) _______________ (_____)________________

Medical Insurance Information:

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

Insurance Company_______________ Policy Number_________________________________

Subscriber #_____________________ Insurance Company Phone: (______)______________

Health-Care Providers:

Name of camper's primary doctor(s): ____
Phone: (________) _______________________

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.)***

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

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.)

Vaccines: My child is up to date on all their vaccines
 My child has a religious or health exemption to vaccination (attached)

Parent/Guardian Authorization for Health Care:

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:___________________ Camper name: ______________________

MEDICATIONS 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. If your camper regularly takes any of these medications, please bring them in a bag labeled with their name. **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
Antibiotic cream
Calamine lotion Aloe
Laxatives for constipation (Ex-Lax)
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

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. ***For prescriptions 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 it is given	Amount or dose given	How it is given
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:		
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General Health History: *Check "Yes" or "No" for each statement. Explain "Yes" answers below.*

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

Please explain "Yes" answers in the space below, noting the number of the questions.

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.

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.**