CAMPER HEALTH HISTORY FORM

Parents / Guardians: Please complete this form in its entirety and bring it with you on the day of registration.

[To be completed by LH staff]

Camper Name: _____ Last, First

Cabin # _____

Camp Session: _____ - _____

Camper Name: _____
First Middle Last

Birth Date: _____ **Gender:** _____
Month / Day / Year

Race / Ethnicity: _____
Optional

Home Address: _____
Street Address City, State, Zip

Parent / Guardian with legal custody to be contacted in case of illness or injury.

Name: _____ _____
First Last Relationship to Camper

Contact Details: _____ _____
Preferred Phone Email

Address: _____
[If Different from Above] Street Address City, State, Zip

Additional Parent / Guardian or Emergency Contact in the event Parent / Guardian cannot be reached.

Name: _____ _____
First Last Relationship to Camper

Contact Details: _____ _____
Preferred Phone Email

Allergies

☐ No Known Allergies. ☐ Food Allergy ☐ Medicine Allergy ☐ Environmental Allergy (insect stings, pollen, grass, etc.) ☐ Other
[Describe any allergen noted above as well as the typical reaction and severity.]

Nutrition

☐ No Dietary Restrictions ☐ Lactose Intolerant ☐ Gluten Intolerant ☐ Vegetarian Diet ☐ Vegan Diet ☐ Other:
[Describe any intollerance or preferences noted above.]

Restrictions

☐ I have reviewed the program and activities of the camp. This camper may participate without restrictions.
☐ I have reviewed the program and activities of the camp. This camper may participate with the following restrictions or adaptations:

Medical Insurance

This camper is covered by family medical / hospital insurance. ☐ Yes ☐ No
Include a copy of your insurance card if applicable; copy both sides of card so information is readable.

If yes, Subscriber Name: _____

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

Health Care Providers

Camper's Primary Doctor: _____ Phone Number: ( ) _____

Camper's Dentist: _____ Phone Number: ( ) _____

Camper's Orthodontist: _____ 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 leagal waiver which must be signed for attendance.

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CAMPER HEALTH HISTORY FORM

Camper Name: _____ **Birth Date:** _____
First Last Month / Day / Year

Immunization History

☐ I attest that all immunizations required by school are up to date.

☐ If your camper has not received all school immunizations: I understand and accept the risks to my child from not being fully immunized.

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

COVID-19 Vaccine _____

List all doses administered and corresponding dates. COVID-19 Vaccination is not required for camp attendance.

General Health History

Check "Yes" or "No" for each statement. Provide additional information for "Yes" answers below.

Has / does the camper:

1. Ever been hospitalized? ☐ Yes ☐ No
2. Ever had surgery? ☐ Yes ☐ No
3. Have recurrent /chronic illness? ☐ Yes ☐ No
4. Had a recent communicable / 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. Have problems with period / menstration? ☐ Yes ☐ No
15. Have problems falling asleep / sleep walking? ☐ Yes ☐ No
16. Ever had back / joint problems? ☐ Yes ☐ No
17. Have a history of bedwetting? ☐ Yes ☐ No
18. Have problems with diarrhea / constipation? ☐ Yes ☐ No
19. Have any skin problems? ☐ Yes ☐ No
20. Traveled outside the country in the last 9 months? ☐ Yes ☐ No

Provide additional information for "Yes" answers, 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. Provide additional information for "Yes" answers below.

Has /does the camper:

1. Ever been diagnosed with or treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ☐ Yes ☐ No
2. Ever been diagnosed with or treated for mental, emotional or behavioral difficulties or an eating disorder? ☐ Yes ☐ No
3. Received accommodations in school for learning obstacles? ☐ Yes ☐ No
4. Have a physical or developmental disability that necessitates adaptations or assistance in navigating daily life? ☐ Yes ☐ No
5. 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, other.)

Provide additional information for "Yes" answers, noting the number of the questions.

Medication

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

"Medications" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Package medications in a clear resealable bag marked clearly with the campers first and last name. Each medication must be in its original packaging. Provide enough of each medication for the campers full session.**

Name of Medication	Date Started	Reason for Taking	When is it given	Amount or dosage given	How it is given
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:		

The following non-perscription 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 campers should NOT be given.

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

What have we forgotten to ask?
Please provide any additional information about the camper's health that may affect the camper's ability to fully participate in the camp program. Attach additional information as needed.

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