

# CAMP MOVAL HEALTH FORM 2022

Camper's Name: \_\_\_\_\_ Dates at Camp \_\_\_\_\_ Session \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Camper lives with (check one): \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Parent/Guardian #2: \_\_\_\_\_

Best Phone: (\_\_\_\_) \_\_\_\_\_ Best Phone: (\_\_\_\_) \_\_\_\_\_

**Emergency Contacts** (to be used if we are unable to reach parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Name of Dentist/Orthodontist** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Family Medical/Hospital Insurance:** Carrier: \_\_\_\_\_ Policy or Group# \_\_\_\_\_

**Dental Insurance** Carrier: \_\_\_\_\_ Policy or Group# \_\_\_\_\_

**\*\*\*\*\*INCLUDE A COPY OF ALL INSURANCE CARDS WITH THIS FORM\*\*\*\*\***

**Immunization History:** Provide the month and year for each immunization. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster (dT) or (TdaP)						
Mumps, Measles, Rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (Chicken Pox) Had Chicken Pox <input type="checkbox"/> Date: _____						
Meningococcal meningitis						
Covid vaccine						

Tuberculosis (TB) Test Date: \_\_\_\_\_  Negative  Positive

**THIS HEALTH FORM** 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 PARENT/LEGAL GUARDIAN OR ADULT CAMPER/STAFF MEMBER:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WITNESS** \_\_\_\_\_ **DATE** \_\_\_\_\_

I also understand and agree to abide by the restrictions placed on my camp activities.

**SIGNATURE OF CAMPER/STAFFER** \_\_\_\_\_ **DATE** \_\_\_\_\_

NAME OF CAMPER: \_\_\_\_\_ Date of last Physical Exam: \_\_\_\_\_

HEALTH HISTORY: \_\_\_\_\_ Camper's current weight: \_\_\_\_\_

**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. Asthma/wheezing/shortness of breath  Yes  No
- 7. Heart disease/defect  Yes  No
- 8. Frequent ear infection  Yes  No
- 9. Bleeding/clotting disorders  Yes  No
- 10. High blood pressure  Yes  No
- 11. Diabetes  Yes  No
- 12. Seizures  Yes  No
- 13. Headaches  Yes  No
- 14. Wears glasses, contacts or eyewear  Yes  No
- 15. Fainting or dizziness  Yes  No
- 16. Passed out/had chest pain during exercise  Yes  No
- 17. Mononucleosis  Yes  No

- 18. Back/joint problems  Yes  No
- 19. Problems with diarrhea/constipation  Yes  No
- 20. Skin problems  Yes  No

**Mental/Emotional/Social Health**

- 21. ADD/ADHD  Yes  No
- 22. Anxiety/Depression  Yes  No
- 23. Bipolar  Yes  No
- 24. OCD  Yes  No
- 25. Eating Disorder  Yes  No
- 26. Sleepwalking/falling asleep  Yes  No
- 27. Bedwetting  Yes  No
- 28. Fear of storms  Yes  No
- 29. Fear of the dark  Yes  No
- 30. Emotional/Behavioral difficulties  Yes  No
- 31. Other mental health diagnosis  Yes  No
- 32. Learning disabilities  Yes  No

**Explain any Yes answered questions:** \_\_\_\_\_

**Allergies:**  No Known Allergies  Food  Medication  Insects  Environment  Other \_\_\_\_\_

Please specify each allergy and reaction: \_\_\_\_\_

**Diet/Nutrition:**  Regular Diet  Diabetic  Vegetarian  Lactose Intolerant  Gluten Free  Other \_\_\_\_\_

Please Explain: \_\_\_\_\_

**Restrictions:**  Camper Can Participate in all Programs  Camper Has Restrictions (List) \_\_\_\_\_

Females: Has she menstruated?  Yes  No If not, has she been told about it?  Yes  No Are there any problems we need to be aware of? \_\_\_\_\_

**MEDICATION:** List all medications camper has taken in the past six months and all medications that will accompany him/her to camp (include over the counter medications and vitamins). Use additional form if necessary. *Please bring all medications in original packaging including name and how to be given.*

Name of Medication	Date Started	Reason for Taking	When it is Given	Amount of Dose	How it is Given
			Breakfast Lunch Dinner Other		
			Breakfast Lunch Dinner Other		

The following non-prescription medications may be stocked in the camp health center and used on an *as needed basis* to illness or injury. Please cross out *those that cannot be given*.

- |  |   |
|--|---|
| Acetaminophen (Tylenol)                  | Ibuprofen (Advil, Motrin)                         |
| Phenylephrine decongestant (Sudafed PE)  | Guaifenesin cough syrup (Robitussin)              |
| Diphenhydramine Antihistamine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM)      |
| Sore throat spray                        | Generic cough drops/throat drops                  |
| Lidocaine (topical for sunburns/stings)  | Antibiotic cream                                  |
| Lice shampoo or cream (Nix or Elimite)   | Aloe  |
| Calamine lotion                          | Hydrocortisone (topical)                          |
| Laxatives for constipation (Ex-Lax)      | Bismuth subsalicylate for diarrhea (Pepto-Bismol) |
| Tums                                     | Gatorade/Pedialyte                                |

Any other information to ensure that your camper can have the best outdoor experience? \_\_\_\_\_