



Camper Health History (r)

For:

Allergies:

This camper is allergic to

No known allergies

The environment (insect; stings; hay fever etc.)

Medicine

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

Diet, Nutrition:

This camper is allergic to:

peanuts

soy

lactose

other

gluten

no food allergies

Please describe below

Food Allergy Information

To continue to provide a safe environment for all of our campers please note the following:

- We are not a peanut-free facility. Although we do not serve peanuts or peanut butter with any of our meals, campers are permitted to bring in snacks and there is a possibility for peanuts to be brought in with them.
- Our kitchen is not certified gluten-free and cross contamination can occur.
- We are able to accommodate some food allergies by providing alternatives (i.e. Lactose free milk, gluten-free bread/pasta etc). Alternatives will be provided to those with food allergies only.
- Severe or life-threatening food allergies may require a camper to bring their own meals. If your child has a life-threatening food allergy, please call our office at 330-315-5665 two weeks before your camper is scheduled to arrive.

Restrictions:

Activities include but are not limited to warm-ups, games, group initiative problems, the climbing tower, high and low ropes challenge course elements, horseback riding, swimming, waterslides, boating, skiing, tubing, other rigorous physical adventure activities and transportation in church vehicles (the level of participation in a program activity is at all times completely to the individual's choice).

Camper Health History (r) (continued)

For:

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

Medical Insurance Information

This camper is covered by family medical/hospital insurance

Yes

No

Insurance Company

Policy Number

Subscriber name

Insurance Company Phone Number (555) 555-5555

Immunization History:

Please provide the month and year for the tetanus booster. If none enter 'none'.

Tetanus booster* (dT) or (Tdap)

Most Recent Dose Month/Year

Medication:

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.

Check the medication(s) the camper should **NOT** be given.

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil; Motrin) |
| <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (Benadryl) | <input type="checkbox"/> Generic cough drops |
| <input type="checkbox"/> Sore throat spray | <input type="checkbox"/> Bismuth subsalicylate (Kaopectate; Pepto-Bismol) |
| <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Laxatives for constipation (Ex-Lax) | |

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

Has/does the camper:

Camper Health History (r) (continued)

For:

Ever been hospitalized	<input type="radio"/> Yes	<input type="radio"/> No
Ever had surgery	<input type="radio"/> Yes	<input type="radio"/> No
Have recurrent/chronic illnesses	<input type="radio"/> Yes	<input type="radio"/> No
Had a recent infectious disease	<input type="radio"/> Yes	<input type="radio"/> No
Had a recent injury	<input type="radio"/> Yes	<input type="radio"/> No
Had asthma/wheezing/shortness of breath	<input type="radio"/> Yes	<input type="radio"/> No
Have diabetes	<input type="radio"/> Yes	<input type="radio"/> No
Have seizures	<input type="radio"/> Yes	<input type="radio"/> No
Had headaches	<input type="radio"/> Yes	<input type="radio"/> No
Wear glasses, contacts, or protective eyewear	<input type="radio"/> Yes	<input type="radio"/> No
Have fainting or dizziness	<input type="radio"/> Yes	<input type="radio"/> No
Passed out/had chest pain during exercise	<input type="radio"/> Yes	<input type="radio"/> No
Had mononucleosis ("mono") during the past 12 months	<input type="radio"/> Yes	<input type="radio"/> No
If female, have problems with periods/menstruation	<input type="radio"/> Yes	<input type="radio"/> No
Have problems with falling asleep/sleepwalking	<input type="radio"/> Yes	<input type="radio"/> No
Ever had back/joint problems	<input type="radio"/> Yes	<input type="radio"/> No
Have a history of bedwetting	<input type="radio"/> Yes	<input type="radio"/> No
Have problems with diarrhea/constipation	<input type="radio"/> Yes	<input type="radio"/> No
Have any skin problems	<input type="radio"/> Yes	<input type="radio"/> No
Traveled outside the country in the past 9 months	<input type="radio"/> Yes	<input type="radio"/> 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

Camper Health History (r) (continued)

For:

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 difficulties 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.

Permission to Treat Authorization

Camper Health History (r) (continued)

For:

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.

Camper Agreement

I understand and agree to abide by any restrictions placed on my activity at camp.

By signing below, I authorize Camp Carl to administer any listed prescription medication(s). I assume all risk, including risk of physical harm or death, associated with the administration of the medication(s). I agree to indemnify and hold the The Chapel/Camp Carl harmless from any liability, including the The Chapel/Camp Carl resulting directly or indirectly from the The Chapel/Camp Carl administering the medication(s) or failing to do so.

Type Name of Custodial Parent/Guardian

Date of Signature

Relationship to Camper

Signature _____ Date _____