

Health Form

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

PARTICIPANT INFORMATION

Participant Name (Last, First)

Home Address (Street Address City, State Zip)

Birth Date _____/_____/_____ Age at Camp _____

Gender: Male Female

Parent/Guardian Name

Phone

Home Address (if different from above) Street Address City State Zip

Second Parent/Guardian Name

Home Address (if different from above) Street Address City State Zip

If neither parent/guardian is available in an emergency, notify _____

_____ Relationship to Camper _____ Phone

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If yes, please indicate carrier or plan name _____

Group # _____

MEDICATIONS BEING TAKEN Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

- This person takes NO medication on a routine basis OR
- This person takes medications as follows:

Medication #1 _____ Dosage _____
Time of day taken _____ Reasons for taking _____

Medication #2 _____ Dosage _____
Time of day taken _____ Reasons for taking _____

Attach additional pages for more medications. Also, please identify any medication taken during the school year that participant does/may not take at camp

RESTRICTIONS (The following restrictions apply to this individual)

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs

Other:

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Name of family physician

Phone

Address