

CAMP OVERLOOK
Health and Emergency Care

To be filled in by parents/guardian of minors or by adult campers/ staff themselves.

Name _____ Birth Date _____ Sex _____ Age at Camp _____

Home Address _____

Custodial Parent or Guardian _____ Phone _____

Home Address (if different from above) _____

Second Parent/Guardian or Emergency Contact _____

Home Address _____ Phone _____

Parent/Guardian's Name _____ Employer _____

Office Address _____ Office Phone _____

Parent/Guardian's Name _____ Employer _____

Office Address _____ Office Phone _____

Family Hospitalization Insurance Co. _____

Insurance Address _____

Name of Insured _____ Policy/Group # _____

IMPORTANT - THIS MUST BE COMPLETED FOR ATTENDANCE

This health history on this and following pages is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for , and to order injections and/or surgery for me/or my child as named above. This form may be photocopied for use out of camp.

Signature of parent or guardian or adult camper/ staffer:

Date: _____

HEALTH HISTORY

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care.

Allergies List all known
Medical Allergies (list)

Describe reaction and management of the reaction.

Food Allergies (list)

Other Allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

IMMUNIZATIONS

Which of the following has the participant had?

Please give date for last immunization for:

- ___ Measles
- ___ Chicken Pox
- ___ German Measles
- ___ Mumps
- ___ Hepatitis
- ___ Varicella Zoster

<u>Date</u>	<u>Vaccine</u>
_____	DPT
_____	TD (tetanus/diphtheria)
_____	Tetanus
_____	Polio
_____	Measles (hard or red measles, rubeola)
_____	Rubella
_____	Hemophilus Influenza B
_____	Hepatitis B

_____ Date of last TB Mantoux *Test Result*_____

GENERAL QUESTIONS (explain "Yes" answers below.)

Has / Does the participant:	YES	NO		YES	NO
1. Had any recent injury, illness or infectious disease?.....	___	___	17. Ever had problems with joints (e.g., knees, ankles)?.....	___	___
2. Have a chronic or recurring illness/condition?.....	___	___	18. Have an orthodontic appliance being brought to camp?.....	___	___
3. Ever Been Hospitalized?.....	___	___	19. Have any skin problems (e.g., itching, rash, acne)?.....	___	___
4. Ever had surgery?.....	___	___	20. Have diabetes?.....	___	___
5. Have frequent headaches?.....	___	___	21. Have asthma?.....	___	___
6. Ever had a head injury?.....	___	___	22. Had mononucleosis in the past 12 months?.....	___	___
7. Ever been knocked unconscious?	___	___	23. Had problems with diarrhea/constipation?.....	___	___
8. Wear glasses, contacts or protective eye wear?.....	___	___	24. Have problems with sleep walking	___	___
9. Ever had frequent ear infections?.	___	___	25. If female, have an abnormal menstrual history?.....	___	___
10. Ever passed out during or after exercise?.....	___	___	26. Have a history of bed wetting?...	___	___
11. Ever been dizzy during or after	___	___	27. Have an eating disorder?.....	___	___
12. Ever had seizures?.....	___	___	28. Ever had emotional difficulties for which professional help was sought?	___	___
13. Ever had chest pain during or after exercise?.....	___	___			
14. Ever had high blood pressure?...	___	___			
15. Ever been diagnosed with a heart murmur?.....	___	___			
16. Ever has back problems?.....	___	___			

Please explain any "yes" answers, noting the number of the questions.

RESTRICTIONS

The following restrictions apply to this individual.

Dietary

Does not eat red meat
 Does not eat pork
 Does not eat eggs
 Does not eat poultry
 Does not eat seafood
 Does not eat dairy products
 Other (describe) _____

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

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which camp should be aware.

Name of family physician _____ Phone _____
 Address _____
 Name of family dentist/orthodontist _____ Phone _____
 Address _____

MEDICATION INSTRUCTIONS

If your camper is to take any medication being sent from home, precise instructions are to be recorded here. All medications are stored and dispensed by the Camp Nurse unless special arrangements are made through the Nurse and Camp Director. We suggest that you only send a 5 day supply, in a *labeled* container. The label should include *camper name, medication name & strength, and dosage.*

Nurse's Notes:

Camper's Name _____

Housing Unit _____

Counselor's Name _____

Schedule of Dosages

Please try to coordinate medication times with meals times and bed time. It is difficult to keep up with odd schedules with many children in camp. Please make a large circle at each medication time. The Nurse will initial inside these circles when the dosage has been dispensed. If medication *must* be dispensed at different time, please note.

B = Breakfast, 8:00 a.m. L = Lunch, 12:15 p.m. S = Supper, 5:30 p.m. N = Bedtime, 9:30 p.m.

Medication Name	Dosage	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
		N	B L S N	B L S N	B L S N	B L S N	B L S N
<u>SAMPLE</u>		<u>O</u>		<u>O</u>			

Medication As Needed Instructions

Please identify medications you are sending in case they are needed and a description of the condition for which you feel they should be administered.

Medication Name	Dosage	Specific Conditions and Directions
_____	_____	_____
_____	_____	_____
_____	_____	_____