

# Camper Information & Health History Form



CAMPER INFORMATION		
Name	Age	Date of Birth
Address, City, State, Zip		
Swimming ability	School / Grade	
Parent(s)/Guardian(s)	Parent(s)/Guardian(s)	
Email	Email	
Phone	Phone	
<b>Emergency Contact</b>	<b>Phone</b>	
Please list name and phone # of adults who have permission to pick up your child:		

## MEDICAL HISTORY AND INFORMATION

We use the information on this form to accommodate and support a wide range of campers' abilities and needs. Please include ANY AND ALL information, so we can provide your camper the best possible experience.

List any **dietary restrictions** (our snacks are nut free, but we also go for ice cream or other treats occasionally)

Any **allergies or reactions** to medications, food, insects, etc. **Yes / No**  
*Please list allergens and reactions:*

Is your child taking any **medications**, even if it's not during camp hours? **Yes / No**  
*Please include reason and dosage:*

The following non-prescription medications may be stocked in our first aid kits and used as needed to manage illness and injury. **Please cross out OTCs your camper should NOT be given:**

Acetaminophen (Tylenol)	Burn Cream	Generic Sunscreen (please bring your own if this is crossed out)
Ibuprofen	Sting Pads	Generic Bug Spray (Please bring your own if this is crossed out)
Diphen (Benadryl)	Antibiotic Cream	Aloe

<b>Physician's Name / Practice:</b>	Phone
<b>Medical Insurance Company</b>	Policy #
Policy Holder	Subscriber #

<b>Has / Does camper have...</b>	<b>Yes / No</b>		<b>Yes / No</b>
Asthma/wheezing/shortness of breath?	<b>Yes / No</b>	Skin problems?	<b>Yes / No</b>
Diabetes?	<b>Yes / No</b>	Stomach or intestinal issues?	<b>Yes / No</b>
Seizures or seizure disorders?	<b>Yes / No</b>	Problems with periods / menstruation?	<b>Yes / No</b>
Recurrent/chronic illness?	<b>Yes / No</b>	Traveled outside the US in the past 9 months?	<b>Yes / No</b>
History of head injury or concussion?	<b>Yes / No</b>	Attention deficit disorders (ADD or ADHD)?	<b>Yes / No</b>
Severe or frequent headaches?	<b>Yes / No</b>	Treatment for emotional /behavioral difficulties, self-harm, or eating disorders?	<b>Yes / No</b>
Passed out / chest pain during exercise?	<b>Yes / No</b>	During the past year, seen a professional to address mental /emotional health concerns?	<b>Yes / No</b>
Skipped any immunizations?	<b>Yes / No</b>	Used an individual education plan (IEP) in school?	<b>Yes / No</b>
Mononucleosis (Mono) this year?	<b>Yes / No</b>	Had a significant life event that continues to affect the camper's life (divorce, new sibling, trauma, history of abuse, adoption, etc)?	<b>Yes / No</b>
Hospitalization /surgery in the past two years?	<b>Yes / No</b>	Other behavioral, mental, emotional, social health information?	<b>Yes / No</b>
Frequent motion sickness?	<b>Yes / No</b>		
History of fainting or dizziness?	<b>Yes / No</b>		
Frequent bloody nose?	<b>Yes / No</b>		
Glasses or contact lenses?	<b>Yes / No</b>		
History of back or joint problems?	<b>Yes / No</b>		

If yes to the above questions, please explain (use extra pages if needed):

What other information do we need to know to support your child at camp?

I DECLARE THE ABOVE STATEMENTS ARE COMPLETE AND CORRECT. This health history accurately reflects the health status of the camper to whom it pertains. The camper has permission to participate in all camp activities except as noted by me. I give permission for the camp staff to provide routine health care; administer over-the-counter medications listed, and to provide or obtain emergency care as needed. I give my permission to the physician listed or selected by camp to order x-rays, tests, treatment related to the health of my child in routine or emergency situations. I give permission for the physician to hospitalize, secure treatment for, and order and administer medication, injection, anesthesia, x-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to release any records necessary for treatment, referral, billing, or insurance purposes. I understand this information will be shared with camp staff on a "need to know" basis."

*We, the undersigned, hereby authorize Famous Adventures, or their representatives, to consult with medical doctors or hospitals and make any decisions necessary to care for the emergency medical needs of this participant in the absence of consent on behalf of the parent/guardian or individual client. I agree to the statements above.*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_