HEALTH HISTORY FORM - 2012

Camper Name _____
First Middle Last

☐ Male ☐ Female Birth Date _____ Age on arrival at camp _____ Camp Attending _____
Month / Day / Year

Parent Name _____
First Middle Last

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Email _____

Allergies: ☐ No known allergies ☐ This camper is allergic to: ☐ Food ☐ Medicine
☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below what the camper is allergic to and the reaction seen)

Asthma: Does this camper have asthma? ☐ Yes ☐ No
Does this camper have an inhaler? ☐ Yes ☐ No
When was the last time the camper used the inhaler? _____

What triggered this asthma attack? _____

Medication: ☐ This camper will not take any daily medications while attending camp.
☐ This camper will take the following daily medication(s) while at camp.
"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. All prescription medication must be in an original pharmacy container with labels which show the camper's name and how the medication should be given. Provide enough medication to last the entire time the camper will be at camp.

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime	
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			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime	

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. ***Cross out those the camper should not be given.***

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)
Phenylephrine decongestant (Sudafed PE)	Diphenhydramine antihistamine/allergy medicine (Benadryl)
Guaifenesin cough syrup (Robitussin)	Dextromethorphan cough syrup (Robitussin DM)
Sore throat spray (Chloraseptic)	Generic cough drops
Antibiotic cream (Neosporin)	Generic anti-itch lotion (Caladryl)
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	Milk of Magnesia for constipation
Triaminic Syrup or generic equivalent for cold symptoms	Comtrex tablets or generic equivalent for cold symptoms
Miconazole or Lotrimin Cream for ring worm	

Immunization:
Date (month/year) of camper's most recent tetanus immunization _____

Health Issues:
List any medical conditions or illnesses which we should be aware of at camp.

Parent/Guardian Authorization for Health Care:
This health history is correct and accurately reflects the health status of the camper to whom it pertains. 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 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.

Signature of Custodial Parent/Guardian _____ Date _____