

To be Completed by Camp Staff:	Session:	Cabin/Group:	No:
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# Camp Roger 2018 Health History Form

Use for Day Camp, Resident Camp and Trips.

Must be filled out completely by parent or legal guardian.

Camper Name: _____	Date of Birth: _____
Height: _____ Weight: _____ (required)	Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
Gender: _____ Male _____ Female	Choose all that apply. A grant we receive requires that we gather this information.

PRESENT MEDICATIONS:	Dosage	Frequency & Times

**NOTE: Prescription medications must be brought to Camp Roger in the original container from the pharmacy** (with the camper's name, prescribing physician's name, medication name and dosage clearly marked). Other medications, vitamins, and herbal supplements must also be in their original containers. Medications brought to Camp Roger in other containers cannot be accepted. In accordance with state licensing rules, all camper medications will be stored in Camp Roger's health center.

ALLERGIES:	Circle	Specific Type of Med, Insect, etc.	Type of Reaction (eg. Rash, Breathing Difficulty)
To medications	Y / N		
To insects or plants	Y / N		
To foods	Y / N		
Other	Y / N		

MEDICAL ILLNESSES:	Circle	List Details
Asthma/Pneumonia	Y / N	
Heart Defect/Disease	Y / N	
Diabetes	Y / N	
Bleeding/Clotting Disorders	Y / N	
Seizures/Neurological Disorders	Y / N	
Frequent Ear Infections	Y / N	
Current Infections or Injuries	Y / N	
Other	Y / N	

Please complete back side as well.

Camper Name: \_\_\_\_\_

YES  NO **Any behavioral, emotional or educational concerns? (If the camper is on behavioral medications, please describe the behaviors or purpose of the medication.)**  
If yes, please explain:

YES  NO **Any recent family or social stressors that may influence the camper's time at Camp Roger?**  
If yes, please explain:

YES  NO **Any ongoing physical limitations that should restrict the camper's activity or any other concerns the camp staff should know about?**  
If yes, please explain:

YES  NO **OVERNIGHT CAMPERS ONLY: Any special conditions (bed-wetting, fainting, sleep walking, etc.) that Camp Roger staff should be aware of?**  
If yes, please explain:

YES  NO **Any previous or recent operations, injuries, or illnesses?**  
If yes, please explain:

YES  NO **Are all immunizations up-to-date (as required also by the camper's school district)?**  
Date of Last Tetanus: \_\_\_\_\_ (year) (Listed on vaccination card as "DTaP")  
If no, please explain:

Parent/Guardian:	Home Phone: ( )
	Work or Cell # ( )
Parent/Guardian Address:	
Emergency Contact Person: (other than parent/guardian)	Home Phone: ( )
	Work or Cell # ( )
	Relationship to Camper:
Emergency Contact's Address:	
Name of Family Physician:	Phone: ( )
Name of Dentist/Orthodontist:	Phone: ( )
Date of last physical examination:	Hospital Preference (if any):
Health and Accident Insurance Provider:	
Primary Name on Insurance Policy:	
Health and Accident Insurance Policy Number or Group:	

*This health history is complete and accurate to the best of my knowledge, and the camper herein described has permission to fully participate in all Camp Roger activities, unless otherwise noted above. I understand that non-prescription medications (eg. Tylenol, Ibuprofen, etc.) may be administered to the camper as needed if deemed appropriate by the Camp Roger's health care provider.*

*Medical Authorization: I hereby authorize Camp Roger to provide and/or procure necessary routine or emergency medical care for the camper, (including but not limited to diagnostic imaging, laboratory tests, outpatient treatment, surgical intervention, and in-patient hospitalization), and consent to the administration of such medical care. I further authorize Camp Roger and the medical care provider to release and/or receive any records necessary for medical, billing, or insurance purposes related to such medical care. This form may be photocopied for use on off-site trips.*

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name of parent/guardian:** \_\_\_\_\_