

Health History Form for Youth Attending Camp Wilani

Mail this form to:
380 Q Street, Suite 260
Springfield, OR 97477

Year _____
Session #(s) _____
Initial _____
First _____
Last _____

The following information must be filed in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care.

Keep a copy of the completed form for your records. 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 child's needs.

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No
If so, indicate carrier or plan name _____ Group # _____
Carrier address _____
Name of insured _____ Relationship to participant _____
Social security number of policy holder or insurance ID number _____
Name of physician _____ Phone _____
Address _____
Name of dentist/orthodontist _____ Phone _____
Address _____

ALLERGIES <u>List all known</u>	<u>Describe reaction and management of the reaction.</u>
Medication allergies (list)	
_____	_____
_____	_____
Food allergies (list)	
_____	_____
_____	_____
Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.	
_____	_____
_____	_____

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 **plus one day**. Must be brought to camp in the original container with prescribing physician's name (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

<input type="checkbox"/> This person takes NO medications on a routine basis.
<input type="checkbox"/> This person takes medications as follows: Med #1 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____ Med #2 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____ Med #3 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____

RECOMMENDATIONS OF LICENSED MEDICAL PERSONNEL

Health exam must be completed by an approved-licensed medical personnel in the past 24 months.

(Licensed Physician, Licensed Physician's Assistant or Licensed Nurse Practitioner)

I have examined the above camp participant.

Date of my last examination _____ BP _____ Weight _____ Height _____

In my opinion, the above applicant is is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions

Recommendations and Restrictions at Camp

Treatment to be continued at camp

Medications to be administered at camp (name, dosage, frequency)

Any medically-prescribed meal plan or dietary restrictions

Known Allergies

Description of limitation or restriction of camp activities

Additional information for health care staff at the camp

Signature of Licensed Medical Personnel _____

Printed _____ Title _____

Address _____

Phone _____ Date _____

Parent/Guardian Authorization: This health history is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian _____

Printed Name _____ Date _____

**If for any religious reasons you cannot sign this, contact your church for a legal waiver which must be signed for attendance*

Camper Authorization: *I also understand and agree to abide by the restrictions placed on my camp activities.*

Signature of camper _____ Date _____

