

General Health Questions for _____ (Explain "yes" answers below)

Camper's name

Has/does the camper:

- 1. Had any recent injury, illness or infectious disease? Yes No
- 2. Have a chronic or recurring illness/condition?..... Yes No
- 3. Ever had serious injury, accident or surgery?..... Yes No
- 4. Have frequent headaches?..... Yes No
- 5. Wear glasses/contact lenses?..... Yes No
- 6. Ever had frequent ear infections?..... Yes No
- 7. Have any skin problems?..... Yes No
- 8. Have diabetes?..... Yes No
- 9. Have asthma?..... Yes No
- 10. Ever had convulsions or seizures?..... Yes No
- 11. Have blood/bleeding disorders?..... Yes No
- 12. Have problems with diarrhea/constipation?..... Yes No
- 13. Have problems with sleepwalking?..... Yes No
- 14. Have a history of bed-wetting?..... Yes No
- 15. Ever had an eating disorder?..... Yes No
- 16. Ever had emotional difficulties or psychiatric issues? Yes No
- 17. Have ADD/ADHD or other learning disabilities?..... Yes No
- 18. Have a heart problem or murmur?..... Yes No

Please explain any "yes" answers, noting the number of the question. Indicate if the health condition requires medication, treatment, or special restrictions or considerations while at camp.

Which of the following has the camper had? Measles Chicken pox Mumps Rubella

Dates of Most Recent Immunizations

	Month/Year		Month/Year
MMR	_____	Hepatitis B	_____
Polio (TOPV)	_____	Varicella (Chicken Pox)	_____
DTaP/DPT/Td (Diphtheria, Tetanus, Pertussis)	_____	Tetanus	_____

If your child/camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being immunized or fully immunized

Signature of Custodial Parent/Guardian: _____ Date: _____

Allergies Please list all known allergies and describe reaction and management of the reaction

No known allergies; This camper is allergic to: Food Medicine The environment (i.e. insect stings, hay fever, animals, latex); Other

Medications Please list all medication (including nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Any medication brought to camp must be given to the camp First Aid Counselor with proper labels and instructions.

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

The camp physician has approved the following medications to be administered if needed, during camp hours. Please place a checkmark by the medications that meet with your approval. The dosage will be determined by your child's age and weight.

- Acetaminophen (Tylenol, etc.)
- Ibuprofen (Advil, Motrin, etc.)
- Diphenhydramine (Benadryl, etc.)
- Pseudoephedrine HCl (Sudafed, etc.)
- Laxative Tablets/ Anti-diarrhea pills
- Cough Drops (Halls, Ludens, etc.)
- Anti-itch cream (hydrocortisone, calamine, etc.)
- Guaifenesin DM (Robitussin, etc.)

Additional Information

Any food restrictions? _____

Any sports restrictions? _____

Is this your child's first prolonged stay away from home? _____ Is this your child's first sleep away experience? _____

Has your child ever had a problem with homesickness? If yes, please explain briefly. _____

Any additional information about the camper's behaviors and physical, emotional, or mental health about which the camp should be aware? How do you manage them? Any suggestions on how to manage them at camp?

Signature of Parent/Guardian _____ Date _____