

Vermont does not mandate a physician's signed health form; your answers are required to assist us in identifying appropriate care in the event of an emergency. Camp Neringa provides First Aid on site and has an agreement with Brattleboro Primary Care for medical treatments in the event of injury or illness.

HEALTH INFORMATION for CAMP NERINGA

Camper and Emergency Contact Information

Name _____
First Middle Last

Birth Date _____ / _____ / _____ Age at camp _____ Child's weight _____ Sex: M / F
Month Day Year

Home address _____
Street address City State Zip

Home phone _____ E-Mail _____ Social Security Number _____

Name of parent(s)/guardian(s) _____

Best telephone number in case of emergency: Mother/Guardian _____ Father _____

If parent is not available in an emergency, please notify: Name _____ phone _____

Child's Physician _____ Physician's phone _____

Insurance Information

***please attach copy of insurance cards*

Health insurance carrier/plan name _____ Coverage Date _____

Carrier Address _____ Carrier Phone _____

Contract Holder/Subscriber ID#: _____ Social Security #: _____ Date of Birth _____

Group #: _____ Plan: _____

Camper's relationship to contract holder/subscriber: _____

Circumstances permitting a decision regarding care, should the camper be brought to
 A. An emergency room or B. To a physician's office? _____

Parent Authorization if <18 years old

I give permission for my child to participate in the program and use the facilities at Neringa. To the best of my knowledge, my child is in sound health, and I know of no reason why my child cannot participate in the program. I understand that the program may contain discussions of appropriate behavior, which may include references to touching or sexual behavior (appropriate for camper age).

In case of an accident or illness requiring immediate medical attention, I hereby give my permission to the staff selected by Camp Neringa to secure and administer treatment for the above named camper. I give my permission to Camp Neringa to provide or arrange necessary related transportation. I agree to indemnify Camp Neringa from any and all debts, liabilities and expenses incurred as a result of any medical treatment given to my child.

I give permission for my child to leave camp for supervised hikes or outings that may require transportation by car or bus.

I authorize the camp to take, use and publish photographs and videos of my child for its records or public relations program.

I have reviewed the camper rules with my child. I understand that my child will be withdrawn from camp programs without refund should s/he disrespect the rules of Camp Neringa or the physical and emotional health and safety of other campers.

Signature of parent/guardian _____ Date _____

Camper's Statement

I understand Camp Neringa's rules. I promise to respect the rules made for our safety. I understand that I will be sent home for inappropriate behavior, such as smoking, drinking alcohol, using illegal drugs, or bullying fellow campers.

Signature of camper _____ Date _____

Do not staple

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

Camper's name

Has/does the camper:

- | | | | |
|---|-------|---|-------|
| 1. Had any recent injury, illness or infectious disease?..... | Y / N | 10. Ever had convulsions or seizures?..... | Y / N |
| 2. Have a chronic or recurring illness/condition?..... | Y / N | 11. Have blood/bleeding disorders?..... | Y / N |
| 3. Ever had serious injury, accident or surgery?..... | Y / N | 12. Have problems with diarrhea/constipation?..... | Y / N |
| 4. Have frequent headaches?..... | Y / N | 13. Have problems with sleepwalking?..... | Y / N |
| 5. Wear glasses/contact lenses?..... | Y / N | 14. Have a history of bed-wetting?..... | Y / N |
| 6. Ever had frequent ear infections?..... | Y / N | 15. Ever had an eating disorder?..... | Y / N |
| 7. Have any skin problems?..... | Y / N | 16. Ever had emotional difficulties or psychiatric issues?..... | Y / N |
| 8. Have diabetes?..... | Y / N | 17. Have ADD/ADHD or other learning disabilities?..... | Y / N |
| 9. Have asthma?..... | Y / N | 18. Have a heart problem or murmur?..... | Y / N |

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	_____

Allergies List all known and describe reaction and management of the reaction.

Medication allergies _____

Food allergies _____

Other allergies (i.e. insect stings, hay fever, animals, latex) _____

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? _____

Signature of Parent/Guardian _____ **Date** _____