



2016 Wilderness Camp Camper Health Form

OFFICE USE ONLY (circle week of camp or expedition)

Camp: T1 A1 NAV DW T2 A2 PC DM Tent# _____

Exp: _____

Counselor/ Guide(s): _____

Confidential We respect your privacy. This form is intended to provide necessary medical information to care for your child well. It is reviewed by the nursing staff and your child's counselor(s). In the event of an emergency it may also be reviewed by medical personnel, camp administration, office staff, and transportation personnel.

Both sides of this form must be filled out completely and submitted at least 3 weeks prior to the camp week.

CAMPER INFORMATION

Camper Full Name (Last, First) _____

Gender _____ Male _____ Female _____

Birth date: mo. _____ /dy. _____ /yr. _____ Age (at camp time) _____ yrs.

Camper Home Address _____

City _____

State _____

Zip _____

PARENT/GUARDIAN 1 INFORMATION

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Relationship to camper _____

First Name _____

Last Name _____

Preferred Phone 1 _____

Preferred Phone 2 _____

Email _____

Street Address _____

City _____

State _____

Zip Code _____

PARENT/GUARDIAN 2 INFORMATION

Second parent/guardian or other emergency contact:

Relationship to camper _____

First Name _____

Last Name _____

Preferred Phone 1 _____

Preferred Phone 2 _____

Email _____

Address _____

City _____

State _____

Zip _____

EMERGENCY CONTACT INFORMATION

Additional contact in event parent(s)/guardian(s) cannot be reached:

Relationship to camper _____

First Name _____

Last Name _____

Preferred Phone 1 _____

Preferred Phone 2 _____

OFFICE USE ONLY: Camper Last Name, First Name

MEDICAL INSURANCE INFORMATION

CAMPER NAME:

**Insurance information is required.*

Medical Insurance Carrier _____

Policy Number _____

Group Number _____

Subscriber _____

Insurance Company Phone Number _____

HEALTH-CARE PROVIDERS

Name of camper's primary doctor(s): _____

Phone _____

Date of Last Health Exam*: month _____ /day _____ /year _____

We do not require a new Physical exam, as long as it was done within **24 months of camp attendance. If health exam is not current, further documentation is required. You *must* contact the Wilderness Camp office **prior to 3 weeks** before camp.*

Name of dentist(s): _____

Phone _____

Name of orthodontist(s): _____

Phone _____

ALLERGIES – INDICATE THE SEVERITY

Indicate Mild (no medication required), Moderate (medication may be required), Severe (life threatening), or No Allergy. Specify allergen(s).

Animals _____

Hay Fever _____

Insect Sting _____

Medication _____

Other Allergy (Please list any allergies you are aware your child has.) _____

FOOD ALLERGIES & DIETARY RESTRICTIONS

Accommodations can be made for **food allergies, vegetarians, or kosher ONLY**. It is important that you contact Spruce Lake Wilderness Camp 3 weeks prior to camp so that we have time to make **necessary arrangements**. If you do have food allergies, we need to know what foods cause what reaction and how severe the reaction is.

Camper Diet: This camper eats a regular diet.

This camper eats a regular vegetarian diet.

This camper has special food needs.

Please list food restrictions or allergies and any medical interventions necessary (epi-pen, benadryl). Please also indicate whether the allergy allows for any contact with the food in question (at the same table, in the building, etc.).

RESTRICTIONS

I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel the camper can participate **with the following restrictions or adaptations:**

Please describe: _____

IMMUNIZATION HISTORY

CAMPER NAME:

Provide the month and year of the most recent dose of the tetanus shot. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

DO NOT write "current" or "up to date". The specific date will be required in the event of an emergency room visit or a serious wound.

*Tetanus Most Recent Dose: _____ / _____ / _____

*We **must** have the date of the last tetanus booster! If it has been more than 10 years since receiving a booster, it must be renewed prior to camp. Contact us if you do not immunize.

MEDICATION

This camper will **NOT** take any daily medications while attending camp.

This camper **WILL** take the following daily medication(s) while at camp:

NOTE: All medications must be in their original container with original label and given to the Camp Nurse. Do **NOT** send non-prescription medication **unless** they are to be taken on a regular basis.

Name of Medication _____

Date Started _____

Reason for taking it _____

When it is given: Breakfast Lunch Dinner Bedtime Other time _____

Amount or dose given _____

How it is given _____

Name of Medication 2 _____

Date Started _____

Reason for taking it _____

When it is given: Breakfast Lunch Dinner Bedtime Other time _____

Amount or dose given _____

How it is given _____

Name of Medication 3 _____

Date Started _____

Reason for taking it _____

When it is given: Breakfast Lunch Dinner Bedtime Other time _____

Amount or dose given _____

How it is given _____

NON-PRESCRIPTION MEDICATION

Our camp Physician has authorized Spruce Lake Wilderness Camp to administer common over-the-counter medications as needed.

My child may take Tylenol or ibuprofen (same as Advil or Motrin) *Check this box if you give permission for us to administer ibuprofen and Tylenol.*

Please contact Wilderness Camp if your child should not receive any other over-the-counter medications (e.g.: Benadryl, calamine lotion, Sudafed, Robitussin, cough drops, antibiotic cream, aloe, etc.)

GENERAL HEALTH HISTORY

CAMPER NAME:

Indicate "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

None of the below

- Ever been hospitalized?
- Ever had surgery?
- Have recurrent/chronic illnesses?
- Have heart defect/disease?
- Had recent infectious disease?
- Had a recent injury?
- Had asthma/wheezing/shortness of breath?
- Traveled internationally in past 3 months?
- Have diabetes?***
- Have frequent ear infections?
- Have bleeding/clotting disorder?
- Has hypertension?
- Had seizures?
- Had headaches?
- Had fainting/dizziness?
- Passed out/had chest pain during exercise?
- Behavioral Issues
- Had mono in past 12 months?
- If female, problem with period?
- Sleep problems/sleepwalking?
- Had back/joint problems?
- Have a history of bedwetting?
- Have diarrhea/constipation?
- Have any skin problems?
- Other _____

Please explain "Yes" answers below. For travel outside the country, please name countries visited and dates of travel. If necessary, clearly indicate if the camper is under a Physician's care for condition and how it **may or may not** affect involvement in camp activities:

If your camper has diabetes, you **must call Wilderness Camp to speak with the nurse manager and/or kitchen manager, ESPECIALLY if the camper is unable to count his/her own carbs.*

MENTAL. EMOTIONAL. AND SOCIAL HEALTH

Indicate "Yes" or "No" for each statement. Explain "Yes" answers below.

Has the camper:

None of the below

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
- Ever been treated for emotional or behavioral difficulties or an eating disorder?
- Seen a professional to address mental/emotional health concerns during the past 12 months?
- Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)

Please explain "Yes" answers below. If necessary, clearly indicate if the camper is under a professional's care for condition and how it **may or may not** affect involvement in camp activities:

Additional limitations or activity restrictions: Indicate below **any** additional limitations of participation, conditions, or instructions, about your son/daughter that you wish his/her counselor to be aware (use and attach an additional sheet of paper if necessary).

I as the legal guardian of the individual referred to in this document as camper, give permission for the release of medical records in the case of illness/injury. I also give permission to the Camp Nurse, Camp Trip Guides, and/or his/her designee to administer the medication as listed on this form, to perform treatment for minor injuries and illnesses, and to perform first aid in the case of more serious injury. Also, I give permission to the Spruce Lake Wilderness Camp Director, Trip Guides, and/or designee to allow hospital personnel and/or a licensed physician to perform emergency treatment and administer emergency medications. This authorization shall remain in effect for the duration of the above-mentioned minor's stay.

The information provided on all pages of the Camper Health Form document is true, correct, and complete to the best of my knowledge. I understand that should there be a change in any information in this document, it is my responsibility as parent/guardian to inform Spruce Lake Wilderness Camp of that change.

Parent/Guardian Signature(s) _____ Date: ____ / ____ / ____