Health History & Examination Form 2014

CAMP WINDHOVER

Summer Camp for Youths

2092 Six Mile Road
Crystal Springs, MS 39059
601-892-3282(office)
601-647-0010(fax)
celia@campwindhover.com

The information on this form is not part of the camper/staff acceptance process, but is gathered to assist us in identifying appropriate care.
This form, except for the "Health Recommendations of Licensed Medical Personnel," is to be filled in by parents / guardians of minors or by adults themselves.

I. Camper Information

Camper Name _____
Age on June 1: _____ Gender: Male / Female Social Security # _____
Date of Camper's birth _____
Custodial Parent / Guardian Name(s)_____ Phone(____)_____
Home Mailing Address_____
Business Phone(____) _____
Second Parent / Guardian / Emergency Contact_____ Phone(____)_____
Home Mailing Address_____
Business Phone(____) _____

II. Insurance Information- Attach photocopy of insurance card and answer the questions.
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:
_____

III. Parent / Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or 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.
Parent / Guardian / Staffer
Signature_____ Date ___/___/___
Printed Name_____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.
Minor Camper / Staffer
Signature_____ Date ___/___/___
Printed Name_____
*If for religious reasons you cannot sign this, contact the camp for a legal waiver that must be signed for attendance.

IV. Health History
The following information must be filled in by the parent/guardian, or staff member. The intent is to provide camp health care personnel the background information to give 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 camper's or your needs.
Allergies List all known. Describe reaction and management of the reaction.

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 nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging / bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.
_____ This person takes NO medications on a routine basis.

_____ 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:

_____
(Attach additional pages for more medications.)
Identify any medications taken during the school year that participant does/may not take during the summer:

_____

Restrictions
The following restrictions apply to this individual.
Dietary
___ Doesn't eat red meat ___ Doesn't eat pork ___ Doesn't eat eggs
___ Doesn't eat poultry ___ Doesn't eat seafood ___ Doesn't eat dairy products
Other (describe) _____

Explain **any restrictions** to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

_____
_____
_____
_____

General Questions (Explain "yes" answers below.)

Has / does the participant: (Please circle)	Yes	No
1. Had any recent injury, illness or infectious disease?	Yes	No
2. Have a chronic or recurring illness / condition?	Yes	No
3. Ever been hospitalized?	Yes	No
4. Ever had surgery?	Yes	No
5. Have frequent headaches?	Yes	No
6. Ever had a head injury?	Yes	No
7. Ever been knocked unconscious?	Yes	No
8. Wear glasses, contacts or protective eye wear?	Yes	No
9. Ever had frequent ear infections?	Yes	No
10. Ever passed out during or after exercise?	Yes	No
11. Ever been dizzy during or after exercise?	Yes	No
12. Ever had seizures?	Yes	No
13. Ever had chest pain during or after exercise?	Yes	No
14. Ever had high blood pressure?	Yes	No
15. Ever been diagnosed with a heart murmur?	Yes	No
16. Ever had back problems?	Yes	No
17. Ever had problems with joints disease? (e.g., knees, ankles)?	Yes	No

18. Have an orthodontic appliance being brought to camp? Yes No
19. Have any skin problems (e.g., itching, rash, acne)? Yes No
20. Have diabetes? Yes No
21. Have asthma? Yes No
22. Had mononucleosis in the past 12 months? Yes No
23. Had problems with diarrhea / constipation? Yes No
24. Have problems with sleepwalking? Yes No
25. Have a history of bed-wetting? Yes No
26. Ever had an eating disorder? Yes No
27. Ever had emotional difficulties for which professional help was sought? Yes No

Please explain any "yes" answers, noting the number of the questions.

_____
_____
_____
_____
_____
_____
_____

Attach a photocopy of recent immunizations or fill in the following:

TB Mantoux Test Date of test___/___/___ Result:____ Positive ____ Negative

Please give all dates of immunization for:

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	__/__	__/__	__/__	__/__	__/__	__/__
TD Tetanus Diphtheria	__/__	__/__	__/__	__/__	__/__	__/__
Tetanus	__/__	__/__	__/__	__/__	__/__	__/__
Polio	__/__	__/__	__/__	__/__	__/__	
MMR	__/__	__/__				
Measles	__/__	__/__				
Mumps	__/__	__/__				
Rubella	__/__	__/__				
HaemophilusInfluenza B	__/__	__/__	__/__	__/__	__/__	
Hepatitis B	__/__	__/__	__/__			
Varicella(Chicken Pox)	__/__	__/__				
BCG	__/__					

Which of the following has the participant had?

____ Measles
____ Chicken Pox
____ German Measles
____ Mumps
____ Hepatitis

Use this space to provide any additional **information about the participant's behavior and physical, emotional, or mental health** about which the camp should be aware.

_____
_____
_____
_____

Family physician_____ Phone(___) ___-____
Address _____
Name of family dentist / orthodontist_____ Phone(___) ___-____

Health Care Recommendations by Licensed Medical Personnel
Submit this page to your pediatrician

I examined_____(individual's name)
on_____
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:
_____
_____
_____
Current treatment at the time of this report includes
_____
_____

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 any limitation or restriction on camp activities
_____
_____

Additional information for health care staff at the camp
_____
_____

Signature of Licensed Medical Personnel _____
PrintedTitle_____
Address_____ Date___/___/___
Phone(____) _____

For camp use only:
Screening Record
Date screened___/___/___ Time __:__ am / pm
Meds received_____
_____
Updates / additions to health history noted Yes No None required
Current health needs identified_____
_____
Observational notes_____
_____
Screened by_____

Print this page from your browser! From the top left, go to File, then Print. It's that easy!