

Office Use Only

Last Name: _____ First Name: _____
Camp session attending: _____ Date of session: _____

CAMP WINNATASKA PERSONAL HEALTH & MEDICAL FORM

Important information: This form (front & back) is to be filled out by parents/guardians of minors (under 19 years of age) or by adult staff members themselves. Bring a copy of this signed medical form and a copy of your medical insurance card with you to registration at camp. If your camper is attending multiple sessions, please bring new copies of both this form and your medical insurance card for **each session that they are attending**.

Name: _____ Birth Date _____ Sex ____ Age (at camp) _____
(Last) (First) (Middle)

Parent/Guardian (Spouse): _____ Phone: _____ Bus. Phone: _____

Home Address: _____
(Street/Box) (City) (State) (Zip)

Cell Phone: _____ Other numbers during camp session: _____

Date of last physical examination: _____

Operations or serious injuries or medical conditions: _____

Chronic or recurring illness or medical conditions: _____

Dietary restrictions: _____

Name of dentist/orthodontist: _____

Name of family physician: _____

Has female menstruated: _____ If not has she been told about it? _____

HEALTH HISTORY (Check and give date.)

- _____ Asthma
- _____ Bleeding/Clotting
- _____ Chicken Pox
- _____ Convulsions/Epilepsy
- _____ Diabetes
- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Hypertension
- _____ Measles
- _____ Mononucleosis
- _____ Mumps

IMMUNIZATION HISTORY (Give date.)

- _____ Chicken Pox
- _____ Diphtheria
- _____ Hepatitis B
- _____ Measles
- _____ Mumps
- _____ Polio (injected)
- _____ Polio (oral)
- _____ Tetanus
- _____ Other (specify) _____

ALLERGIES (Dates not needed.)

- _____ Hay Fever
- _____ Insect Stings
- _____ Poison ivy, oak
- _____ Penicillin
- _____ Other drugs (specify) _____
- _____ Other (specify) _____

IMPORTANT: This box must be completed and signed with attached front and back of Medical Insurance Card for attendance. If, for religious reasons, you cannot sign this form, then the camp should be contacted for legal waiver which must be signed for attendance.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

AUTHORIZATION for TREATMENT: 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 director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

SIGNATURE OF PARENT/GUARDIAN (for minors < 19) OR ADULT STAFF: _____

WITNESS: _____ **DATE:** _____

I also understand and agree to abide with the restrictions placed on my camp activities.

SIGNATURE OF MINOR OR ADULT STAFF: _____ **DATE:** _____

INSURANCE COMPANY & POLICY NUMBER _____ **Group #** _____

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Is the applicant is under the care of a physician for any conditions? Yes No If yes, specify condition and treatment:

Condition: _____

Treatment: _____

Activities to be limited or restricted at camp: _____

Does the applicant have any medications to be administrated at camp? Yes No

Specify drug name, dose, frequency, routine: _____

Given Daily: _____

Given as Needed: _____

Note: All prescription medications should be brought in **pharmacy-labeled containers**. All prescribed medications must be brought to Health Hut on arrival at camp during registration. Additional "over the counter" medicines are not usually needed.

Any treatments to be continued at camp: _____

Additional Health Information: _____

Interval Record (For Nursing Staff Only)

| Date | Time | Place | Findings\Diagnosis\Etc. | By |
|------|------|-------|-------------------------|----|
|------|------|-------|-------------------------|----|