

Camper Health History Form 2023

Camper Name: _____

Birth Date: _____

General Health History

Check "Yes" or "No" for each statement. Explain "Yes" answers. Has/does the camper:

	YES	NO		YES	NO
1. Been hospitalized in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have problems falling asleep/sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
2. Had Surgery in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have recurrent/chronic illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	19. Traveled outside the country past 9 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Had a recent infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	20. Ever been treated for ADD or AD/HD?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had a recent injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Ever been treated for emotional or behavioral difficulties or an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	22. During the past 12 months, seen a professional to address mental/emotional health concerns?	<input type="checkbox"/>	<input type="checkbox"/>
7. Had seizures in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	23. Does the camper have an individual education plan (IEP)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had headaches in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	24. Had a significant life event that continues to affect the camper's life? <small>(History of abuse, death of a loved one, family change, adoption, foster care, etc)</small>	<input type="checkbox"/>	<input type="checkbox"/>
9. Had fainting/dizziness in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	25. Any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or consideration while at camp?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had back/joint pain?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Wear glass, contacts, protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Had asthma/wheezing/shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>			
13. Passed out/had chest pain during exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
14. Current medications, prescribed and over-the-counter?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Had mononucleosis in last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	26. None of the above	<input type="checkbox"/>	<input type="checkbox"/>
16. If female, have problems with periods?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "YES" answers noting the number of the questions. For #18 please name countries visited & dates of travel. For #22 please attach a copy.

Health-Care Providers

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

Name of dentist(s): _____ Phone: (____) _____

Medical Insurance Information

This camper is covered by family medical/hospital insurance: (circle one) Yes No

Include a copy of your insurance card if applicable; Copy both sides of the card so information is readable.

Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Company Phone Number: (____) _____

Immunization History

- All my camper's immunizations required for school are up to date. Date (month/year) of last tetanus shot ____/____
- Is your camper vaccinated against COVID – 19?

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

Signature: _____ Date: _____

Medications

The following non-prescription medications are commonly stocked in the camp health lodge and used on an as needed basis to manage illness and injury. **Cross out those items the camper should not be given.**

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Phenylephrine (Sudafed PE)	
Guaifenesin (Mucinex)	Aloe	Diphenhydramine (Benadryl)	Generic cough drops
Chloraseptic (Sore throat spray)	Calamine Lotion	Bismuth subsalicylate (Pepto-Bismol)	Laxatives (Miralax)
Hydrocortisone 1% cream	Topical antibiotic cream	Calcium Carbonate (Tums)	Dextromethorphan(cough syrup)