Office Use Only
Term_____
Year__2015_____

Camp Greenbrier - Health History for Campers

Camper Name_____/_____/_____ **Nickname**_____
last first middle

DOB _____/_____/_____ **Camper Address**_____
month day year Street Address or PO Box # City State Zip Country

Parent / Guardian #1:

Name_____

Address _____
_____

Home Phone_____
Cell Phone_____
Work Phone_____
email_____

Parent / Guardian #2:

Name_____

Address _____
_____

Home Phone_____
Cell Phone_____
Work Phone_____
email_____

Emergency Contact Other than Parent(s) / Guardian(s):

Name_____ Telephone #'s_____ Relationship to camper_____

Medical Insurance Information:

Insurance Co._____ Policy or Group #_____ Insured's Name_____
(Please attach a copy of the health insurance card and prescription card - if different, front and back)

Name of Camper's Doctor_____ Telephone_____

Name of Camper's Orthodontist/Dentist_____ Telephone_____

Camper Allergies (check those that apply)**:**

____ No known allergies
____ Allergy to these foods_____
____ Allergy to these medicines_____
____ Allergy to these substances_____

Describe how the camper reacts to any of the above allergies and how the reaction is treated_____
_____

Nutrition:

____ The camper eats a regular diet and is prepared to eat a variety of foods while at camp
____ The camper does not have a regular diet because (list reason)_____

Medication: Prescription medications must be in original pharmacy containers. Be sure to send enough medicine to last for the duration of the camper's stay.

____ The camper does not take medication on a routine basis.
____ The camper takes routine medication (including vitamins) as noted below:

Name of medication_____ Reason for taking_____ Times and doses taken_____

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General Physical & Mental Health History

1. Has the camper ever been hospitalized?…… ____ Yes ____ No
2. Has the camper ever had surgery?…….____ Yes ____ No
3. Has the camper ever been dizzy or passed out?……..____ Yes ____ No
4. Has the camper ever had chest pain during or after exercise or physical exertion?……...____ Yes ____ No
5. Does the camper have any heart condition?……____ Yes ____ No
6. Does the camper have any chronic health issue such as asthma, diabetes, headaches, etc?……...____ Yes ____ No
7. Does the camper have any skin problems?…….____ Yes ____ No
8. Does the camper have any problems with sleepwalking or bedwetting?……...____ Yes ____ No
9. Does the camper have any problems with diarrhea/constipation?……..____ Yes ____ No

10. Has the camper ever been knocked out?……____ Yes ____ No
11. Has the camper ever had a seizure?……____ Yes ____ No
12. Has the camper ever had a severe sprain, broken bone, or dislocation?……____ Yes ____ No
13. Has the camper had chicken pox?……..____ Yes ____ No
14. Has the camper had mononucleosis (mono)?……____ Yes ____ No
15. Has the camper had a recent infectious disease?……____ Yes ____ No
16. Does the camper have a hearing problem?……____ Yes ____ No
17. Does the camper wear glasses, contacts, or use protective eyewear?……____ Yes ____ No
18. Does the camper have any problems with his teeth?……..____ Yes ____ No
19. Has the camper traveled outside of the U.S. at any time within the last year?……...____ Yes ____ No
20. Has the camper ever been diagnosed with ADD or AD/HD?……____ Yes ____ No
21. Does the camper have a psychiatric diagnosis such as depression, OCD, anxiety, bipolar disorder?…____ Yes ____ No
22. Does the camper have an eating disorder?……..____ Yes ____ No

Explain any "Yes" answers from 1-22 above:

Question #_____ Description_____
Question #_____ Description_____
Question #_____ Description_____
Question #_____ Description_____
Question #_____ Description_____

(Use an extra sheet of paper if more space is needed)

Is there anything else we should know about any physical or mental conditions requiring medication, treatment, or special restrictions or considerations for your son? Please explain_____
_____

Immunization History: Provide the month and year for immunizations. Those with an asterisk (*) must be current.

Immunization	**Date – Month(s) & Year(s)**	**Immunization**	**Date – Month(s) & Year(s)**
Tetanus Booster*	Current within 10 years:	Polio*	
Varicella (chicken pox)		MMR (Mumps, Measles, Rubella)*	
Meningitis		Pneumococcal	
Pertussis Booster (Whooping Cough)	Recommended Update at 12 years:	DPT (diptheria, tetanus, pertussis)*	
Hepatitis B		Hepatitis A	
Influenza			

Parent / Guardian Authorizations:

This health history is correct to the best of my knowledge. My son has permission to participate in all Camp activities except as noted below. I give permission to the Camp to provide emergency medical care, administer medication, and provide routine care for my son. I give permission to the Camp to seek medical care for my son outside of Camp. I give permission to the health care provider chosen by the Camp to order any treatment needed for the health of my child, for both emergency and routine care, including but not limited to hospitalization, anesthesia, and surgery. I understand that the information on this form may be shared with Camp staff as deemed necessary. I agree to pay for all medical expenses for my son. I acknowledge that the Camp does not provide any medical or other health insurance for my son. I give the Camp permission to make copies of this form. I will update this form if there are changes in my son's health after I have sent this form to the Camp.

Restrictions on my son's activities while at Camp are as follows_____

Signature of Parent/Guardian_____ Date_____

Camp Screening Notes (for Camp use only by_____(initial))

1. Are there any signs/symptoms of illness or injury upon arrival? ____ Yes ____ No
2. Any signs/symptoms of head lice? ____ Yes ____ No
3. Is there any history of exposure to communicable disease? ____ Yes ____ No
4. Are there any additions, corrections, or clarifications of the information on this form? ____ Yes ____ No
5. Medications given to the healthcare provider? ____ Yes ____ No

Please note any "Yes" answers here_____

Exit Notes (for Camp use only by_____(initial))

_____ The camper left Camp with no reported illness or injury.
_____ The camper left Camp with the following health concern(s)_____
Health instructions given prior to departure were as follows_____