



For-Mar Nature Day Camp Health History & Release Form

(Please fill out ONE form per camper—please print)

The information in this form does not affect the camper acceptance process.

R400.11127, R400.11117

Camper Name: _____ Birth Date: _____
Camper Group: **Tadpoles** **Owlets** **Eagles** **Adventure** **CIT** Grade Last Completed: _____ Age: _____

Allergies: (check one) _____ **Yes**, this child has allergies _____ **No**, this child has no known allergies
(Attach additional pages if needed)

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Toileting:

All campers must be able to use the toilet independently prior to starting camp. Using the toilet independently is defined as the camper asks to go to the bathroom when needed. In addition, being able to wipe themselves, pull up their pants, flush, and wash their hands.

_____ Yes, I attest that my child is able to use the toilet independently.

_____ No, My child cannot use the toilet independently.

Notes: _____

Diet/Nutrition:

 (check one)

_____ This camper DOES NOT have special dietary needs.

_____ This camper DOES have special dietary needs, such as: _____

Doctor/Health Insurance:

This camper is covered by family health insurance: Yes / No

Subscriber Name on Insurance Card: _____

Insurance Company: _____ Health Insurance ID #: _____

Preferred Hospital (If Possible): _____

Primary Care Physician: _____ Physician Phone: _____

Immunizations:

My child is up to date on immunizations: Yes / No

Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission for For-Mar Nature Day Camp to provide care to my child based on their Health Service Policy. I give permission to For-Mar Nature Day Camp to secure proper emergency medical treatment, surgical treatment, and routine non-surgical medical care, related to the health of my child.

I understand the information on this form will be shared on a "need-to-know" basis with camp staff. I give permission to photocopy this form.

Parent/Guardian Signature: _____ Date: _____ Relationship: _____

Week(s): _____

Group: _____

Camper Name: _____

General Health History: (Circle Yes / No , if Yes explain below.)

Has/does the camper:

Fainting/Dizziness	Yes / No	Glasses/Contacts	Yes / No
Chronic/Recurrent Illnesses	Yes / No	Back/Joint Problems	Yes / No
A Recent Injury	Yes / No	Skin Conditions	Yes / No
Asthma/Shortness of Breath	Yes / No	Seizures/Epilepsy	Yes / No
Hypoglycemia/Diabetes	Yes / No	Headaches	Yes / No
Other: _____			

If yes, please describe: _____

Mental, Emotional, and Social Health: (Circle Yes / No , if Yes explain below)

Note: This information is confidential, and is only to ensure adequate accommodations are made for each camper. This information does not affect the camper acceptance process.

In the past 12 months, had a **significant life event** that continues to affect the camper's life: Yes / No

If yes, please describe: _____

Has/does the camper have:

Attention Deficit Disorder (ADD)	Yes / No
Emotional or Behavioral Difficulties	Yes / No
Attention Deficit Hyperactivity Disorder (ADHD)	Yes / No
Eating Disorder	Yes / No
Speech Impairment	Yes / No
Autism	Yes / No
Asperger's Syndrome	Yes / No
Hearing Impairment	Yes / No

If yes, please describe: _____

Medication(s), Inhaler, Epi-pen, etc.:

_____ No, this camper WILL NOT need ANY medication(s), inhaler, and/or epi-pen during camp hours.

_____ Yes, this camper WILL take medication(s), inhaler, and/or epi-pen during camp hours.

- **If Yes, you MUST fill out a "Weekly Medication Log" form.**
- If the camper needs to take any medication(s), inhaler, and/or epi-pen during camp hours, when you check your camper in, bring enough medication to last the full week of camp.
- **ALL MEDICATIONS MUST BE SUBMITTED IN THEIR ORIGINAL CONTAINER**, and be clearly labeled with instructions including the prescribed patient name, prescribing physician, the name of the medication, the dosage, and the frequency of administration. Attach additional pages if needed.
- If your child uses an inhaler and/or an epi-pen, **they MUST bring a doctor's note to carry it on them.**
- It is your responsibility to update us on the status of your child's medical conditions if there are changes at any time throughout camp.

Please list ALL medication(s)/inhaler/epi-pen, etc. to be taken during camp hours, and/or any non-routine medications (Aspirin, Cough Drop, Cortisone, TUMS, etc.) to be taken on an as-needed basis:

Medication 1: _____

Medication 2: _____

Medication 3: _____

Medication 4: _____

Medication 5: _____

