Presbytery Point Camp 2017 Health History Form

Name_____ youth camper_____
Camp Session_____ adult camper_____
volunteer/camp staff _____

The following information is to be completed by the camper's parent or legal guardian or the adult named on form. **Completed health forms need to be received at camp at least 2 weeks prior to camper's arrival at camp*. Campers may not attend camp without the completion of these forms.***

Emergency conditions ALLERGIES_____ OTHER_____
Camper has reactions to _____food(s) _____ penicillin _____ bee stings _____pets
_____activity induced ASTHMA _____hay fever __other _____
Does camper have emergency kit to leave with nurse? _____inhaler _____epi-pen _____other
Camper knows when/how to use his/her _____inhaler _____epi-pen _____other
Explain _____
_____
_____
_____

Please check camper health concerns listed below:

1. Hay fever, asthma, or wheezing ___Yes ___No
2. Eczema or frequent skin rashes ___Yes ___No
3. Convulsions/seizures ____Yes ___No
4. Chest pain/heart trouble ___Yes ___No
5. Diabetes ___Yes ___No Type _____
6. Shortness of breath ___Yes ___No
7. Trouble with passing urine or bowel movements ___Yes ___No
8. Ever treated for ADD or ADHD? ___Yes ___No
9. Ever treated for emotional or behavioral concerns ____Yes ___No
10. Ever treated for an eating disorder ____Yes ___No
11. Had mononucleosis("mono") during the past 12 months _____Yes ____No
12. Wear glasses, contacts, protective eyewear ____Yes ___No
13. History of bedwetting _____Yes ___No
13. Frequent colds, sore throats, ear aches (4 or more per year) ___Yes ___No
14. Sleep walking or other sleep issues ____Yes ___No
15. Other (please detail below) _____
16. Headaches ____Yes ___No
17. Speech Problems ___Yes ___No
18. Hearing Problems ___Yes ___No
19. Dental Problems ___Yes ___No
20. Fainting/Dizziness ___Yes ___No

Please explain areas of concern identified above, *including any current or recently treated injuries, illnesses, or infectious diseases*: _____
_____
_____
_____
_____
_____

(Answer if appropriate) Has female camper been told about menstruation? _____
Has she menstruated? _____ Any concerns?_____
Please explain any operations or injuries: _____
_____
_____

Should the camper be restricted because of any physical limitation or illness? ____Yes ____No
If yes, please explain: _____
_____
_____

Presbytery Point Health History (p.2) **Camper Name**_____

Diet/Nutrition This camper eats a __ regular diet __ regular vegetarian diet __vegan diet
or This camper has ____special food needs ____food allergies
Please explain _____
_____
_____

Medications List all prescription and non-prescription drugs needed/used by camper:

Medication	Date Started	Reason for taking	When is it given	Amount of dose given	How it is given
			Breakfast ___ Lunch ___ Dinner___ Bedtime____ Other_____		
			Breakfast ___ Lunch ___ Dinner___ Bedtime____ Other_____		
			Breakfast ___ Lunch ___ Dinner___ Bedtime____ Other_____		
			Breakfast ___ Lunch ___ Dinner___ Bedtime____ Other_____		

All medications need to be checked in with the camp nurse upon arrival at camp.
***** All medications need to be in original or prescription container/bottle.*****

Provide or attach a copy of the vaccination records that includes the following information:

	Date Initial Vaccination Completed:	Date of Most Recent Booster:
Polio:	_____	_____
Mumps:	_____	_____
Diphtheria:	_____	_____
Tetanus:	_____	_____
Pertussis (whooping cough):	_____	_____
Measles:	_____	_____
Rubella:	_____	_____
Hepatitis B:	_____	_____
Other: _____	_____	_____

Name of physician or health clinic: _____
Physician or health clinic's phone number: _____

Health insurance company & policy number:_____
*****A photocopy of the front and back of health insurance card must be attached to this form*****

I certify that this information is true to the best of my knowledge. I give Presbytery Point Camp, Inc., licensed by the Department of Human Services, permission to secure emergency medical and/or emergency surgical treatment for the above named minor child, adult camper or staff member while in care. In case of emergency, this person will be taken to UP Health System - Bell Hospital in Ishpeming, MI.

Signature of Parent/Legal Guardian_____ Date_____
Printed Name of Signer _____Relationship to Camper_____

Presbytery Point Health History (p.3) **Camper Name**_____

Emergency Contact Information

Emergency Contact Person_____

Emergency Contact Address_____

Emergency Contact Phone Number_____

2nd Emergency Contact Person _____

2nd Emergency Contact Address _____

2nd Emergency Contact Phone Number _____

This camper may be released at the close of the camping session only to the following person(s) other than myself: *(Please inform person(s) that picture ID required)*

Name Phone Relationship to Person

1. _____

2. _____

3._____

Permission to Transport Campers

I _____ give Presbytery Point Camp, Inc. permission to transport my child/youth _____ to and from camp, if necessary, for the purposes of program activities or in the case of emergency. I understand that the vehicles used by the camp are in good repair and that drivers have been approved by the camp manager and are at least 21 years of age and in possession of a current driver's license.

Signature of Parent/Legal Guardian: _____ Date: _____

Printed Name: _____ Relationship to Camper_____

Reminder: All medications need to be checked in with camp nurse upon arrival at camp.

All medications need to be in original over-the-counter or prescription container/bottle.

Items included or attached with camper's health form: Copy of Camper's Immunization Records and a photocopy of front and back of Health Insurance Card.