Peterkin Camp and Conference Center

Health History Form

For Camp Use: Do Not Complete
☐Medications AM N PH HS
☐Allergies
Notes

Camper's Personal Information:		
Full Name:		
Gender:	Birthdate:	Age:
Address:		
City:	State:	Zip:
Parent/Guardian with legal custody to be contacted in case of illness or injury:		
Name:		
Relationship with Camper:	Email:	
Cellphone:	Home Phone:	
Second Parent/Guardian with legal custody to be contacted in case of illness or injury:		
Name:		
Relationship with Camper:	Email:	
Cellphone:	Home Phone:	
Additional Contact in event parent/guardian cannot be reached:		
Name:		
Relationship with Camper:	Email:	
Cellphone:	Home Phone:	

Parent/Guardian Authorization for Health Care:

I certify that this health history in this form correct and accurately reflects the health status of the camper. The camper described has permission to participate in all camp activities except as documented by me on this form, and/or as prescribed by an examining health service provider. I give permission to the health service provider selected by Peterkin Camp and Conference Center to order treatment, including x-rays and routine tests, related to the health of the camper, in both routine and emergency situations. If I cannot be reached in an emergency, I give permission to the health service provider to hospitalize, secure proper treatment for, and order injection, anesthesia, and/or surgery for the camper. I understand that information on this form will only be shared with camp staff on a "need to know" basis. I give permission to photocopy this form. The camp has permission to obtain a copy of the camper's health record from providers who treat the camper, and these providers may talk with the camp staff about the camper's health status.

Signature of Custodial Parent/Guardian:			
Printed Name:			
Relationship to Camper:		Date:	

If for some reason you cannot sign this form, contact Peterkin at 304-822-4519 to request a legal waiver, which must be signed for attendance.

Medical Insurance Information:	
Please provide a photocopy of the front/back of your insurance card at check-in	
Is camper covered by family medical/hospital insurance? Yes No	
Insurance Company:	Policy Number:
Subscriber:	Company Phone Number:

Health Service Provider Information:	
Primary Doctor:	Phone:
Dentist:	Phone:
Orthodontist:	Phone:

Allergies:
☐This camper has no known allergies
☐Food allergies (list all):
☐Medication allergies (list all):
☐Environmental allergies (bee stings, etc) (list all):
Please describe the camper's allergic reactions, if any:

Restrictions:
☐I have reviewed the program and activities of the camp and feel the camper can participate without restrictions
☐I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions **(please describe):**

Over the Counter Medication:	
The following non-prescription medications may be stocked in the camp Health Center and are used on an as-needed basis to manage illness and injury. **Please check all of them that CAN be given**. Over-the-counter medicine will be administered according to dosing directions on the packaging.	
☐Acetaminophen (Tylenol)	☐Sore throat spray
☐Ibuprofen (Advil, Motrin)	☐Generic cough drops
☐Naproxen (Aleve)	☐Lice shampoo or cream (Nix or Elimite, for example)
☐Phenylephrine decongestant (Sudafed PE)	☐Antibiotic topical
☐Antihistamine/allergy medicine	☐Calamine lotion
☐Pseudoephedrine decongestant (Sudafed)	☐Cortisone Topical
☐Diphenhydramine antihistamine/allergy medicine (Benadryl)	☐Antifungal topical
☐Dextromethorphan cough syrup (Robitussin DM)	☐Aloe

Prescription Medication:

Prescription medication is ANY substance a person is prescribed to maintain/improve their health, which includes vitamins and natural remedies.

All prescription medications MUST be provided in their original, labelled packaging/containers.

☐This camper will not take **ANY** prescribed medications while attending camp.

☐This camper will take the **FOLLOWING PRESCRIBED MEDICINES** while attending camp:

Medication	Date started	Reason for taking	When it is given (Check all that apply)	Dose given	How it is given
			☐AM ☐Noon ☐Dinner ☐Bedtime ☐Other_____		
			☐AM ☐Noon ☐Dinner ☐Bedtime ☐Other_____		
			☐AM ☐Noon ☐Dinner ☐Bedtime ☐Other_____		
			☐AM ☐Noon ☐Dinner ☐Bedtime ☐Other_____		
			☐AM ☐Noon ☐Dinner ☐Bedtime ☐Other_____		

General Health History

What was the date of the camper's last tetanus shot? _____

Has/Does the camper:

Ever been hospitalized?	☐Yes	☐No	Had fainting or dizziness?	☐Yes	☐No
Ever had surgery?	☐Yes	☐No	Passed out/had chest pain during exercise?	☐Yes	☐No
Have recurrent/chronic illnesses?	☐Yes	☐No	Had mononucleosis during the past 12 months?	☐Yes	☐No
Had a recent infectious disease?	☐ Yes	☐No	Wear glasses/contacts/protective eyewear?	☐Yes	☐No
Had a recent injury?	☐Yes	☐No	Have problems with falling asleep/sleepwalking?	☐Yes	☐No
Had asthma/wheezing/shortness of breath?	☐Yes	☐No	Ever had back/joint problems?	☐Yes	☐No
Have diabetes?	☐Yes	☐No	Have a history of bedwetting?	☐Yes	☐No
Had seizures?	☐Yes	☐No	Have problems with diarrhea/constipation?	☐Yes	☐No
Had headaches?	☐Yes	☐No	Have any skin problems?	☐Yes	☐No
If female, had problems with periods/menstruation?	☐Yes	☐No	Traveled outside of the country in the last 12 months?	☐Yes	☐No

Please explain "Yes" answers in the space below. For travel, please list the countries and dates of travel.

Mental, Emotional and Social Health		
Has the camper:		
Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?	☐Yes	☐No
Ever been treated for emotional or behavioral difficulties or an eating disorder?	☐Yes	☐No
During the past 12 months, seen a professional to address mental/emotional health concerns?	☐Yes	☐No
Had a significant life event that continues to affect the camper's life?	☐Yes	☐No
Please explain "Yes" answers in the space below. The camp may contact you for additional information.		

What Have We Forgotten to Ask? Please provide any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program in the space below.