

HIGHBROOK LODGE HEALTH HISTORY FORM

(expires one year from date signed)

--Camp Use Only--

Camper Name: _____ Cabin: _____

Dates Attending Camp: ____ / ____ / ____ to ____ / ____ / ____

CAMPER INFORMATION

Camper's Full Name: _____ DOB: ____ / ____ / ____ Male Female

Camper Home Address: _____
Street Number City State Zip

EMERGENCY CONTACT INFORMATION

All campers must have at least one emergency contact listed.

Parent/Legal Guardian (in case of emergency): Camper is own legal guardian (skip to emergency contact)

Name: _____ Relationship to Camper: _____

Preferred Phone 1: _____ Preferred Phone 2: _____

Second Parent/Guardian or Emergency Contact:

Name: _____ Relationship to Camper: _____

Preferred Phone 1: _____ Preferred Phone 2: _____

Additional Emergency Contact:

Name: _____ Relationship to Camper: _____

Preferred Phone 1: _____ Preferred Phone 2: _____

HEALTH CARE PROVIDERS

Name of primary doctor(s): _____ Phone: _____

Name of dentist: _____ Phone: _____

Name of eye doctor: _____ Phone: _____

ALLERGIES

Describe allergies in detail; including reactions.

No known allergies. Camper is allergic to: Medicine Food The Environment Latex Other

List all allergies and the reaction(s) seen, including anaphylactic reactions:

DIET, NUTRITION

Not all dietary needs may be able to be met.

Camper eats a regular, varied diet. Camper eats a regular, vegetarian diet.

Camper has the following dietary needs (include extreme food dislikes):

RESTRICTIONS

For explanation of program and activities refer to our website.

I have reviewed the program and activities of camp and feel the camper can participate without restrictions.

I have reviewed the program and activities of camp and feel the camper can participate with the following restrictions/adaptations (describe):

AUTHORIZATION FOR HEALTH CARE

This health history is correct and accurate and 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 above and/or by an examining physician. In a non-emergency, I understand the camp will contact me as deemed appropriate. I give permission to the Health Care Professional selected by the camp to administer medication, order x-rays, routine tests, and treatment related to the health of the above named camper for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the Health Care Professional to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the above named camper. 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. In addition, the camp has my permission to obtain a copy of the above named camper's health record from providers who treat this camper and these providers may talk with the camp staff about this camper's health status.

Signature of Camper (if own legal guardian) or signature of Parent/Guardian _____ Date _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact camp for a legal waiver which must be signed for attendance. Page 1/4

HIGHBROOK LODGE HEALTH HISTORY FORM

Camper Name: _____ DOB: ____/____/____

MEDICAL INSURANCE INFORMATION

Include a copy of both sides of the camper's insurance card.

This camper is covered by medical/hospital insurance:

Yes No

Insurance Company _____

Policy Number _____

Subscriber _____

Company's Phone # _____

MEDICATIONS

PLEASE READ CAREFULLY!

Medication includes prescription and over the counter (OTC) medication (including vitamins/minerals). All medication **MUST** be brought in the original containers. For prescription medications this means the container from the pharmacy with an intact, up to date label. Medication will only be administered per doctor's orders (pharmacy labels, letter from doctor) and directions on OTC bottles. Please provide enough medication to last the entire length of the camper's stay.

Camper will NOT be bringing medications to take while attending camp.

Camper will bring the following medications to take while at camp (**attach additional sheets if necessary**):

Name of Medication	Reason for Taking Medication	When Given	Amount/Dose to be Given	How Given (i.e. orally)
1.		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
2.		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
3.		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
4.		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
5.		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
6.		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
7.		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
8.		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
9.		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		

The following non-prescription medications are typically stocked in the camp's Health Center and are used on an as needed basis to manage illness and/or injury. **Check next to any medication(s) that should NOT be given to the camper:**

Acetaminophen (Tylenol)

Generic cough drops or sore throat spray

Antibiotic cream

Guaifenesin cough syrup (Robitussin)

Antihistamine/allergy medicine

Ibuprofen (Advil, Motrin)

Bismuth subsalicylate (Kaopectate, Pepto-Bismal)

Laxatives for constipation (Ex-lax)

Calamine Lotion

Lice shampoo or cream (Nix or Elimite)

Dextromethorphan cough syrup (Robitussin DM)

Phenylephrine decongestant (Sudafed PE)

Diphenhydramine antihistamine/allergy medicine (Benadryl)

Pseudoephedrine decongestant (Sudafed) Page 2/4

HIGHBROOK LODGE HEALTH HISTORY FORM

Camper Name: _____ DOB: ____/____/____

IMMUNIZATIONS

The camper's immunizations are up to date for school or per the CDC's adult immunization schedule?..... Yes No

*******REQUIRED** Date (month/year) of last tetanus shot: _____ **REQUIRED*******

If camper has not been fully immunized, please sign: I/we understand and accept the risks to myself/the camper from not being fully immunized. Parent/Guardian/Camper _____ Date _____

GENERAL HEALTH HISTORY

Check "yes" or "no" for each statement.

Has/does/is the camper:

- | | | | |
|---|--|---|--|
| 1. Ever been hospitalized?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had asthma/wheezing/shortage of breath?.... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during activity?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses?.. | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis in the past 12 months?.... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? ... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with menstruation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. A smoker?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have heart problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had/have seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation? ... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have frequent headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Wear glasses, contacts, or protective eyewear?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Been exposed to bed bugs within the year? ... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain all "yes" answers in the space below, indicating the number of the question.

MENTAL, EMOTIONAL, AND SOCIAL HEALTH

Check "yes" or "no" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?
(i.e. – history of abuse, death of loved one, family change, foster care, etc...) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain all "yes" answers in the space below, indicating the number of the question.

ADDITIONAL INFORMATION

What have we forgotten to ask?

Please provide in the space below 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. **Attach additional pages if necessary.**

