

CAMPER HEALTH HISTORY FORM 1

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last
 Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

Mail this form to the address below by _____ (date)
 Camp Allen Inc
 56 Camp Rd
 Bedford, NH 03110

To Parent(s) and Guardian(s): Please follow the instructions below. Attached additional information if needed.

- 1) Complete pages 1, 2, 3 of this form, Form 1 and make a copy.
- 2) Complete the top of Form 2 and provide FORM 1 and FORM 2 to your child's health care provider for review and completion.
- 3) After it has been completed and signed by your child's health care provider, return FORM 1 and FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/ Legal guardian to be contacted in case of illness or injury:

Name: _____ Relationship to camper: _____ Preferred Phones: (____) _____

Email: _____ (____) _____

Home Address: _____
(if different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to camper: _____ Preferred Phones: (____) _____

Email: _____ (____) _____

Additional contact in the event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to camper: _____ Preferred Phones: (____) _____

Email: _____ (____) _____

Allergies: No Known allergies This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below)*

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 or adaptations.
(Please describe below)

Medical Insurance Information:

This camper is covered by family medical/ hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company: _____ Policy Number: _____
 Subscriber: _____ Insurance Company Phone Number: (____) _____

Parent/Guardian Authorization for Health Care:

The 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 to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "nee to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious reasons you cannot, sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name: _____
First Middle Last
 for Camp Use) Cabin: _____
 (for Camp Use) Session _____
 Dates: _____

CAMPER HEALTH HISTORY FORM 2

To Parent(s)/ Guardian(s): Complete this section and give **this form (Form 2)** and a copy of you **completed CAMPER HEALTH HISTORY FORM(FORM 1)** to your child's/clients health care provider for review.

Mail this form to the address below by _____ (date)
 Camp Allen Inc
 56 Camp Rd
 Bedford, NH 03110

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

Camper Home Address: _____
Street Address

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (____) _____ (____) _____

Parent(s)/Guardian(s) stop here. Rest of the form to be completed by medical personnel.

Medical personnel: Please review the CAMPER HEALTH HISTORY FORM (Form 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical Exam done today YES NO (If "No" date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within the last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure: _____ / _____

Allergies:
 No Known Allergies
 To Foods (List)
 To medications (List)
 To the environment (insect stings, hay fever, etc. list)
 Other Allergies: (List)

Describe previous reactions:

Diet/Nutrition: Eats a regular diet Has a medically prescribed meal plan or dietary restrictions: (describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None

Medication: No daily medications Will take the following prescribed listed medication(s) while at camp (name, dose, frequency - describe and list on a separate page)

Other treatments/therapies to be continued at camp: (Describe Below) None needed

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes
 If you answered "Yes" to the question above, what do you recommend? (Describe below-attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above)

Name of Licensed Provider(please print): _____ Signature: _____ Title: _____

Office Address: _____
Street City State Zip Code

Telephone: (____) _____ Date: _____

Camper Name: _____
First Middle Last
 for Camp Use) Cabin: _____
 for Camp Use) Session _____
 Dates: _____