



CAMP EDER HEALTH HISTORY FORM

Dates of Camp Attendance _____

Name _____ Birth Date _____ Age at camp _____
Last First Middle

Home address _____
Street address City State Zip

Gender: Male Female

Parent/guardian name _____ Home Phone _____

Home address _____
(if different from above) Street address City State Zip

Cell Phone _____ Work Phone _____ Work Hours _____

Emergency contact in the event we are unable to contact the parent: Emergency Contact or Second Parent/guardian
(other than listed above)

Name _____ Relationship _____

Address _____
Street address City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____ Relationship to camper _____

Insurance ID number _____

ALLERGIES

Medication allergies (list)	Describe reaction and management of the reaction.
_____	_____
_____	_____

Food allergies (list)	
_____	_____
_____	_____

Other allergies (list) – include insect stings, hay fever, asthma, etc.	
_____	_____
_____	_____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter) being taken by the camper. Bring enough medication to last the entire time at camp. Keep it in the original packaging with the prescription information attached (prescribing physician, name of medication, dosage, and administration instructions).

This person does not need medication during camp
OR

This person takes the following medication:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

ATTACH ADDITIONAL PAGES FOR MORE MEDICATIONS.

RESTRICTIONS (please list below)

Food Restrictions: _____

Activity Restrictions: _____

GENERAL QUESTIONS (Explain "yes" answers below)

- | | | | | |
|---|--------------------------|--------------------------|---|---|
| Has/does the camper: | YES | NO | | |
| 1. Had any recent injury, illness or infection? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Ever had problem with joints (knees, ankles)? | <input type="checkbox"/> <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Have problems with sleep walking? | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Have problems with bedwetting? | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Wear glasses, contacts, protective eyewear | <input type="checkbox"/> | <input type="checkbox"/> | 10. Ever had an eating disorder? | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> | 11. Ever had emotional difficulties for which professional help was sought? | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | | |

Please explain any "yes" answers, noting the number of the question: _____

Please explain any recent illness and dates the camper has had: _____

IMMUNIZATIONS:

Date of last tetanus shot: _____

Immunization record: Last DTP/TD _____ Last Oral Polio _____ MMR _____

Hepatitis B _____ Chicken Pox Vaccine _____ **Include approximate dates (mo. /yr.)**

OTC/Nonprescription Drug Agreement

Do you give permission to the Camp Eder nurse to give your child:

- | | |
|---|--|
| Ibuprofen/Acetaminophen for headache, muscle aches, cramps etc. | Pepto Bismol/Imodium AD for stomach ache/diarrhea, |
| Calamine Lotion/Cortaid for Poison Ivy, bug bites, etc. | Benadryl/Tylenol Sinus for allergies |

Yes No If not, please explain: _____

Parent/Guardian Authorizations: In signing this agreement, I certify that this health history is correct and complete to the best of my knowledge, and the person described is in good health, except as noted, and may participate in camp activities. As a parent/guardian of this camper, I agree to be partners with Camp Eder in the enforcement of camp policies. I agree to support the camp staff if disciplinary action is necessary.

I hereby authorize the Camp Eder leaders to order treatment, x-rays, and routine tests; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for medical reasons. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Eder staff to secure and administer treatment, including hospitalization, for the person named above. This form, or a copy of this form, may also be used for trips off of Camp Eder property. In signing this, I release and hold harmless Camp Eder and it's staff from any liability, except for that which is a direct result of gross negligence on the part of the a camp staff.

Signature of parent/guardian _____

Printed name _____ Date _____

ADDITIONAL INFORMATION

Please provide any additional information about your child you feel we should be aware of medical or otherwise.

