

# Ghormley Meadow Christian Camp

## 2008 Camper Medical History Form

(please return this form no later than two weeks prior to camp session)

Camper First Name	Camper Last Name	Camp Session Attending		
Camp Dates	Birthdate	Age	Weight	Gender : Male Female
Custodial Parent(s) / Guardian(s)				
Primary Home Address		City	State	Zip
Home Phone ( )	Cell Phone – Mom ( )		Cell Phone – Dad ( )	
Email	Work Phone – Mom ( )		Work Phone – Dad ( )	

**TRANSPORTATION:** My child will return home from camp with (name of person or church):

Name	Relationship
Name	Relationship

If above information changes, please contact Ghormley Meadow as soon as possible.

**NEEDS ASSESSMENT:** Ghormley Meadow desires to help meet each child's physical, social and spiritual needs. Please describe below how we might be of assistance in meeting your child's unique needs. Attach additional paperwork if needed.

**HEALTH HISTORY:** Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If insufficient space is provided, please attach additional paperwork if needed.

**ALLERGIES:** List all known allergies. Describe reaction and management of the reaction.

Medication Allergies:

Food Allergies or Special Diet Needs:

Other Allergies: (include insect stings, hay fever, asthma, animal dander, etc.)

Has your child experienced any of these? Please circle number and explain all that apply.

- |  |  |
|--|--|
| 1. Recent injury, illness or infectious disease? | 11. Diabetes?                              |
| 2. Chronic or recurring illness?                 | 12. ADHD / ADD?                            |
| 3. Ever had measles?                             | 13. Heart disease?                         |
| 4. Ever had chicken pox?                         | 14. If female, abnormal menstrual history? |
| 5. Ever been hospitalized?                       | 15. Eating disorder?                       |
| 6. Ever had surgery?                             | 16. Depression?                            |
| 7. Frequent headaches?                           | 17. Sleep problems?                        |
| 8. Head injury?                                  | 18. Psychiatric treatment?                 |
| 9. Frequent ear infections?                      | 19. Bed wetting (recently)?                |
| 10. Ever passed out during or after exercise?    |  |

Please explain any "yes" answers, noting the number of the question. \_\_\_\_\_

Are there any other medical conditions or restrictions we should be aware of? \_\_\_\_\_

### HEALTH INSURANCE:

Do you carry family health insurance?	Yes	No	Carrier	Group ID#
Family Doctor or Health Care Facility:	Phone ( )			
Family Dentist/Orthodontist:	Phone ( )			

-More Questions on Reverse Side-

**IMMUNIZATIONS:** (Dates are required!)

DPT	#1	#2	#3	#4	#5
Tetanus Booster	#1	#2			
Polio OPV / IPV	#1	#2	#3	#4	#5
Measles MMR	#1	#2			
TB Test (if foreign born or exposure to tuberculosis)			#1		
Hepatitis B	#1	#2	#3		
Chicken Pox	#1	#2			
Hepatitis A	#1	#2	Menactra	#1	

**MEDICATIONS:** List ALL medications including over-the-counter or non-prescription drugs taken routinely. Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications. Identify any medications taken during the school year that participant does/may not take during the summer.

Medication #1	Dosage
Specific times to be taken each day	Reason for taking
Medication #2	Dosage
Specific times to be taken each day	Reason for taking

**ASTHMATICS:** I give my child permission to carry an Albuterol Rescue Inhaler and to self-administer. \_\_\_\_ (parent initial) I prefer the camp nurse keep my camper's inhaler and to help my camper determine when it is needed. \_\_\_\_ (parent initial)

**EMERGENCY AUTHORIZATION AND LIABILITY RELEASE:** This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities and particularly, but not limited to: swimming, boating, archery, challenge course and large group games. I understand that Ghormley Meadow Christian Camp has taken extensive safety measures, including the certification of its staff in first aid, CPR and water safety as well as making every effort to aid the safety of all camp participants. However, I also recognize that Ghormley Meadow Christian Camp cannot insure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release Ghormley Meadow Christian Camp from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of Ghormley Meadow Christian Camp.

I give permission to the camp nurse/physician to (1) administer the camper's routine medications, 'as needed' medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for Ghormley Meadow Christian Camp.

I give permission for Ghormley Meadow Christian Camp to use any photo, video, or interview taken at camp to be used to illustrate, report, promote and advertise Ghormley Meadow Christian Camp.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**EMERGENCY CONTACT:** In case we cannot be reached in an emergency, please notify the following individual:

(1) Name	Home Phone ( )	Daytime Phone ( )
Cell Phone ( )	Relationship	
(2) Name	Home Phone ( )	Daytime Phone ( )
Cell Phone ( )	Relationship	