

For Office Use

# Health History and Examination Form for Children, Youth and Adults

Attending Camps Family Camp Elder Camp

FM 08N

**Suggested for resident camp use.**

Developed and approved by American Camp Association with the American Academy of Pediatrics

Dates of Camp Attendance \_\_\_\_\_

Mail this form to the address below by \_\_\_\_\_ (date)

Year

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first three pages) must be filled out by parents/guardians

of minors or by adults themselves. Update required annually. Health exam (back page) must be completed by approved licensed medical personnel at least every two years.

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Social security number of participant \_\_\_\_\_ Gender:  Male  Female

Custodial parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_  
Street Address City State Zip

Business address \_\_\_\_\_  
Street Address City State Zip Phone \_\_\_\_\_

Second parent or guardian or emergency contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address City State Zip

Business address \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address City State Zip

If not available in an emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

### Insurance Information

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

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

► Photocopy of front and back of health insurance card must be attached to this form.

## Important — These boxes must be complete for attendance\*

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal

representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_

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

Cabin or Group

Name

1. In the past month, have you experienced:

- |  |  |
|--|--|
| <input type="checkbox"/> Discomfort                      | <input type="checkbox"/> Swelling                |
| <input type="checkbox"/> Break in skin/skin problems     | <input type="checkbox"/> Bone or ligament injury |
| <input type="checkbox"/> Illness within immediate family | <input type="checkbox"/> Temperature elevation   |
| <input type="checkbox"/> Other _____                     |  |

If you checked any of the above, please explain.

2. Are you coming to camp with any pre-existing conditions?  Yes  No

If yes, please explain.

3. Are there any health or family circumstances we should be aware of?  Yes  No

If yes, please explain.

4. Please indicate with a  permission to administer the following:

- |                          |   |                |                                       |
|--------------------------|---|----------------|---------------------------------------|
| <input type="checkbox"/> | Analgesics (Tylenol/Acetaminophen)  |                |                                       |
| <input type="checkbox"/> | Antihistamines/Decongestants (Sudafed, Benadryl, Chlortrimeton, Allerest) |                |                                       |
| <input type="checkbox"/> | Antidiarrheal/nausea (PeptoBismol, Kaopectate, Immodium, Cola Syrup)      |                |                                       |
| <input type="checkbox"/> | Cold Symptoms (Robitussin, Dimetapp, mentholated lozenges)                |                |                                       |
| <input type="checkbox"/> | Topical Ointments   | Insect Bites   | (Rhuligel, StingEase)                 |
|                          |   | Sunburn        | (Solarcaine, Rhulicream, aloe gel)    |
|                          |   | Poison Ivy/Oak | (Calamine Lotion, Rhuligel)           |
|                          |   | Abrasions      | (soap and water, antibiotic ointment) |

**It is the policy of the Lutheran Camping Corporation of Central Pennsylvania to obtain parental or guardian consent for the administration of non-prescription (OTC) medications to minors.** All medications are given in accordance with manufacturer recommendations for camper's age, height and weight. Any symptoms that are persistent will be brought to the attention of the parent/guardian and a physician if necessary. Neither the Lutheran Camping Corporation of Central Pennsylvania nor its employees and staff are responsible for the untoward effects of non-prescription medications.

**I give permission for the camper named below to receive non-prescription medication during their week at camp, as specified above, when it is deemed necessary by the camp nurse.**

\_\_\_\_\_  
Camper (under 18)

\_\_\_\_\_  
Parent/Guardian/Adult Camper

Date \_\_\_\_\_