



2019 Camper Health Form

PLEASE PRINT OR TYPE, LEGIBILITY IS VERY IMPORTANT

Return Completed Form to:

Jenny Strong
103 Ent Road
Hanscom AFB, MA 01731

Questions?
Call Jenny at (508) 868-4882 or email
pineshorecamp@gmail.com

Dates attending camp _____ to _____

Camper Name _____
First Name Middle Initial Last Name

Date of Birth _____ Age at camp _____ Male ___ Female ___
Month Day Year

Home Address _____
Street/Town/State/Zip

To Parents and Guardians: Please follow instructions below
All health information must be received 3 to 4 weeks before arrival at camp. Incomplete forms will be returned. Contact with the child's physician must be made for a copy of current immunization status and last physical. These can be attached to the form or sent in separately.
Make sure to sign page 5 under Parent/Guardian Authorization.

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name _____ Relationship to Camper _____

Preferred Phone (____) _____ 2nd Choice (____) _____ Email _____

Home Address _____
 (If different from above) Street/Town/State/Zip

Second Parent/Guardian or emergency contact:

Name _____ Relationship to Camper _____ Preferred Phone (____) _____
 Email _____ 2nd Choice (____) _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name _____ Relationship to Camper _____ Preferred Phone (____) _____
 Email _____ 2nd Choice (____) _____

Allergies: Check those that apply to the camper.

_____ No known allergies
 _____ Camper has an allergy to this food: _____ This causes anaphylaxis? ___ Yes ___ No
 Describe what happens if the camper eats this food and how the reaction is managed:

____ Camper is allergic to this medication(s): _____ This causes anaphylaxis? ____ Yes ____ No
Describe what happens if the camper takes this medication and how the reaction is managed:

____ Camper has environmental allergies (bee stings, hay fever etc.) _____ This causes anaphylaxis? ____ Yes ____ No

Describe what happens if this affects the camper and how the reaction is managed:

Is there a written allergy response plan? ____ Yes ____ No

Diet/Nutrition: Check those that apply to the camper.

____ Camper eats a regular, varied diet and is prepared to eat a variety of foods while at camp.

____ Camper is a vegetarian of this type: ____ Semi-vegetarian (no pork or beef) ____ Vegan (no meats, eggs or dairy)
____ Pesco (no pork, beef or chicken) ____ Lacto-ovo (no beef, pork, chicken, Seafood or fish)

____ Camper is lactose-intolerant.

____ Camper has issues with foods containing gluten based ingredients.

____ Camper has an anaphylactic reaction when this food is eaten: _____

Is there a written allergy response plan? ____ Yes ____ No

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:

Medical Insurance Information:

Camper is covered by family medical/hospital insurance: Yes ____ No ____

Please 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: (____) _____

Medication(s): Please complete. Bring enough medication to last the entire week. Prescription medications MUST be in original pharmacy containers with appropriate labels. Other over the counter drugs and preparations such as vitamins, allergy medications and other supplements MUST be in the original container.

_____ Camper will not take any daily medications while attending camp.

_____ Camper will take the following daily medication(s) while at camp:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies.

Name of Medication	Reason for Taking It	Dose Given & When	Date Started/Last Dose
		Breakfast Dose _____ Evening Meal Dose _____ Bedtime Dose _____ Other _____	
		Breakfast Dose _____ Evening Meal Dose _____ Bedtime Dose _____ Other _____	
		Breakfast Dose _____ Evening Meal Dose _____ Bedtime Dose _____ Other _____	

The following non-prescription medications are stocked in the Infirmary and can be requested from the Nurse as needed. Those staff members under the age of 18 will need covering consent from parents or guardian.

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin)
- Diphenhydramine (Benadryl)
- TUMS Antacid
- Generic Cough Drops
- Calamine Lotion
- Aloe and Sunscreen
- Neosporin Antibiotic Ointment and Cream
- Hydrocortisone Cream

ALLERGY AND ASTHMA INFORMATION

Please note that the Camp does not routinely stock Epi-pens or inhalers. These must be provided in original containers along with a separate written “allergy” or “asthma” plan. This is a set of detailed instructions agreed upon by you and your child’s physician outlining what steps should be taken in an asthma attack and/or allergic reaction. Please include a list of your child’s symptoms to watch for and any specific symptoms unique to your child.

INHALER USE

It is Camp policy to have the RN keep all inhalers and assist with use as needed. This includes maintenance as well as “rescue” inhalers. However, we understand that every case is different and are willing to discuss what works for your child. If your child has allergies and/or asthma please

2019 Camper Health Form Camper Name _____ Birth Date _____

contact the Health Care Coordinator prior to registration so that we can make camp staff aware of the situation and take any precautions that may be needed.

General Physical History: Please answer all questions with yes or no and explain "yes answers below.

Has or does the camper;

- 1. Ever been hospitalized? _____ Yes ___ No ___
- 2. Ever had surgery? _____ Yes ___ No ___
- 3. Have recurrent/chronic illnesses? _____ Yes ___ No ___
- 4. Ever passed out/had chest pain during or after exercise or physical exertion? _____ Yes ___ No ___
- 5. Had a recent infectious disease? _____ Yes ___ No ___
- 6. Had a recent injury? _____ Yes ___ No ___
- 7. Has asthma, wheezing, or shortness of breath? _____ Yes ___ No ___
- 8. Has diabetes? _____ Yes ___ No ___
- 9. Had headaches? _____ Yes ___ No ___
- 10. Had fainting or dizziness? _____ Yes ___ No ___
- 11. Have any skin problems (itching, rashes, acne)? _____ Yes ___ No ___
- 12. Had a seizure? _____ Yes ___ No ___
- 13. Have you ever sprained, strained, dislocated, broken, or had repeated swelling or other injuries? _____ Yes ___ No ___
If so where? _____
- 14. Had mononucleosis ("mono") in the past 12 months? _____ Yes ___ No ___
- 15. If female, any problems with periods/menstruation? _____ Yes ___ No ___
- 16. Have any problems with falling asleep or sleepwalking? _____ Yes ___ No ___
- 17. Ever had back or joint problems? _____ Yes ___ No ___
- 18. Have a history of bedwetting? _____ Yes ___ No ___
- 19. Have any problems with diarrhea or constipation? _____ Yes ___ No ___
- 20. Wear glasses or contacts or use protective eye wear? _____ Yes ___ No ___
- 21. Have any dental problems? _____ Yes ___ No ___
- 22. Traveled outside the country in the past nine months? _____ Yes ___ No ___

Please explain and/or provide more detail about the General Health questions to which you responded "yes";

Name of camper's physician: _____ Office Phone: (_____) _____

Name of camper's dentist: _____ Office Phone (_____) _____

Name of camper's orthodontist: _____ Office Phone (_____) _____

Mental & Emotional Health Information:

Has the camper:

- a. Ever been treated for attention deficit disorder (ADD or ADHD)? _____ Yes ___ No ___
- b. Ever been treated for emotional or behavioral difficulties or an eating disorder? _____ Yes ___ No ___
- c. During the past year, seen a professional about any mental or emotional health concerns? _____ Yes ___ No ___
- d. Had a significant life event that continues to affect the camper’s life? _____ Yes ___ No ___
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain and/or provide more detail about the mental & emotional health questions to which you responded “yes”:

IMPORTANT:

PLEASE ATTACH A COPY OF PHYSICAL AND IMMUNIZATION FORMS. PHYSICAL MUST HAVE BEEN WITHIN THE LAST 24 MONTHS. FORMS WILL NOT BE CONSIDERED COMPLETE WITHOUT THESE AND YOU WILL NOT BE ABLE TO ATTEND CAMP.

What Have We Forgotten to Ask? Is there any additional information about the camper’s health that you think important or that may affect the camper’s ability to participate in the camp programs? Please explain:

Parent/Guardian Authorization for Health Care:

This 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 injections, anesthesia, or surgery for this child. I understand the information on this form will be shared on a “need to know” basis with the 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 _____

