

Health History and Physical Examination Form United Church Camps, Inc.

Please remember to complete this form and bring it to camp with you. No camper under 18 can or will be admitted without a completed and signed health form at registration

PARTICIPANT INFORMATION

Name	Birthday	Age	Sex
Address			
City	ST	ZIP	

PARENT AND EMERGENCY CONTACTS

	Name	Street Address	City, ST ZIP	Home Phone	Work Phone
Parent #1 or Custodial Guardian					
Parent #2					
Emergency Contact					

Please do not write here. This space is for office use only.

INSURANCE INFORMATION

Is the participant covered by Medical / Accident / Hospital Insurance? Yes No

If so, indicate insurance company or insurance carrier name _____

Policy holder's name (primary insured) _____ Relationship to participant _____

Insurance participant ID number _____ Other ID or group numbers _____

MEDICAL PROVIDER CONTACT INFORMATION

Doctor's Name _____ Address _____ Phone _____

Dentist's Name _____ Address _____ Phone _____

Are there any other important medical providers specific to this child? If so, please provide information on an attached page.

RESTRICTIONS

Please list any restrictions on the participant's activities, dietary restrictions or other restrictions of which the camp staff should be informed.

ALLERGIES

Please list all known allergies including those to medications, food and environment. If none known please write "none known". Attach additional page to this form as needed.

Allergy to:	Normal reaction and management of the reaction:

IMMUNIZATIONS

Wisconsin law dictates that children enrolled in public schools receive immunizations against a variety of diseases. Has this child received all immunizations as required by Wisconsin law? Yes No If "no" please indicate why _____

When did this individual last receive a tetanus shot or booster? _____

GENERAL INFORMATION

Please use this place to provide any additional information about the participant's behavior and the physical, emotional or mental health about which the camp should be aware. Please feel free to attach additional page to this form.

Has/does the participant: *Explain "yes" answers on an attached sheet, noting question number with additional information.
Please sign and date any additional pages.*

- | | |
|--|--|
| 1 Y N had any recent injury, illness or infectious disease? | 15 Y N ever been diagnosed with a heart murmur? |
| 2 Y N have a chronic or recurring illness or condition? | 16 Y N ever had back problems? |
| 3 Y N ever been hospitalized? | 17 Y N ever had problems with joints (knees, ankles or other)? |
| 4 Y N ever had surgery? | 18 Y N have an orthopedic appliance which will be brought to camp? |
| 5 Y N have frequent headaches? | 19 Y N have any skin problems (itching, rash, acne or other)? |
| 6 Y N ever had a head injury? | 20 Y N have diabetes? |
| 7 Y N ever been knocked unconscious? | 21 Y N have asthma? |
| 8 Y N wear eye glasses, contacts or other protective/corrective eyewear? | 22 Y N had mononucleosis in the past 12 months? |
| 9 Y N ever had frequent ear infections? | 23 Y N had problems with diarrhea or constipation? |
| 10 Y N ever been dizzy during exercise? | 24 Y N have problems with sleepwalking? |
| 11 Y N ever passed out during exercise? | 25 Y N if female, have an abnormal menstrual history? |
| 12 Y N ever had chest pain during exercise? | 26 Y N have a history or difficulty with bed wetting? |
| 13 Y N ever had a seizure? | 27 Y N ever had an eating disorder? |
| 14 Y N ever had high blood pressure? | 28 Y N ever had emotional difficulties for which professional help was sought? |

MEDICATIONS

Will the participant need to take any medications on a regularly scheduled basis while they are at camp? Yes No
(if "yes" please complete yellow medication form available at camp on registration day)

Will this participant bring any other prescription or non-prescription medications with them to camp Yes No
(if "yes" please complete yellow medication form)

MISCELLANEOUS INFORMATION

Is there anything else about this person that you feel we that we should know? If so please attach a separate page detailing personality, behavioral, medical information and indicate any special needs this individual may have.

Participant's Statement

I understand that there are danger and a chance of injury in all activities, including those activities at camp. I understand that the staff will place limits on my participation and inform me of rules with the intent of reducing the risk of injury to me. I agree to abide by all rules and limits on my participation.

Participant's signature _____ Date _____
(this must be signed by all participants, including those under 18 years old)

Parent's Authorization

I understand that there are inherent risks in all activities, including those at camp. I have read the participant's statement above and acknowledge that I know my minor child has signed this statement. I have explained the above participant's statement to my child (for younger children) and I will encourage my child to abide by all restrictions and rules, including those intended to reduce the risk of injury or death to me/my child.

This health history is correct and complete as far as I know, and the person named and described herein has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I can not 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 form may be photocopied for trips off the camp premises.

I understand that when I register my minor child I will be asked for all prescription and non-prescription medications which will be collected and secured in the camp health center as per Wisconsin state law. I will be asked to complete a form which will describe these medications and inform the camp health center staff when these medications shall be administered.

I also understand that the camp health center staff routinely address minor health concerns and requests. These issues are addressed by staff holding the minimum qualifications as required by the State of Wisconsin. I also understand that the health center staff will, on occasion, administer non-prescription health center supplies and medications not to exceed the limits for me/my child as set forth on the medication label. Health Center supplies routinely dispensed include (but are not limited to) Band-Aids, bandages, hydrogen peroxide and other topical cleaning agents, decongestants, cough suppressants and pain relief medication. My signature below acknowledges that I will complete the medication form and relinquish all medications to the health center staff at registration and that I authorize the health center staff to administer routine care for minor health requests and concerns.

I understand that the camp may, on occasion, record the image, voice or likeness of me/my minor child. I hereby give permission for the camp to do so and use these images in conjunction with promotion of the camping program without remuneration to me or my minor child. Camper names, addresses, or other personal information is not released in any publicity materials without the expressed consent of the parent of minor children or adult participant.

Signature of parent or guardian (or participant if over 18 years old) _____

Printed Name _____ Date _____