

CAMP HEALTH FORM

Health History and Explanation Form for Children Attending Camps

Developed by: American Camping Association in
Consultation with
American Academy of Pediatrics

You must attach your child's health history including immunizations and health record (available from your physician) or have your physician complete the BACK OF THIS FORM. ALL CAMPERS MUST HAVE HAD A PHYSICAL EXAMINATION WITHIN THE PAST TWO YEARS IN ORDER TO ATTEND CAMP.

NOTE: This form must be completed and returned to the Billing Administrator ONE MONTH prior to camp start date.

PLEASE PRINT LEGIBLY

1. Camper Name: _____
Birth Date: _____ Sex: Male Female Age: _____
Parent or Guardian Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Business (Daytime) Phone: _____
Second Parent or Guardian Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Business (Daytime) Phone: _____
2. If not available in an emergency, please notify:
Name: _____ Relationship to Child: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Business (Daytime) Phone: _____
Name of Family Physician: _____ Phone: _____
Address of Physician: _____
City: _____ State: _____ Zip: _____
3. Health History – Please list any known allergies, past surgeries or serious injuries, disabilities and dietary restrictions: _____

4. Does your child have an IEP or 504 Plan? Yes No
If yes, please provide us with this plan in order to support transitions and coordinate services for your child.
5. Is there any information that the director should know that would allow us to provide a better camp experience? _____

6. Does your family carry medical/hospital insurance? Yes No
If yes, indicate – Carrier: _____ Policy #: _____

IMPORTANT: This section must be completed for attendance.

This health history is correct as far as I know, and the person hereof has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to administer prescribed medication from home, order x-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be contacted in an emergency, I hereby give permission to the physician selected by the camp director to conduct and administer treatment, including hospitalization, for my child as named above. This completed form may be photocopied for trips out of camp.

The camper and his/her dependents assume all risks, injuries and property damage incidental to the use of the YMCA facility, including, but not limited to physical activities in which they are engaged.

Signature of Parent/Guardian: _____ Date: _____

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

Please complete if your child is required to take medication during the camp day.

Camper Name _____ Age _____

Food/Drug Allergy _____

1. Name of Medication _____ Expiration Date _____

Quantity Received _____ Special Storage Requirements _____

Dose Given at Camp _____ Frequency _____ Route of Administration _____

Date Ordered _____ Duration _____

Specific Directions (ex. on empty stomach/with water) _____

Specific Precautions _____ Possible Side Effects/Adverse Reactions _____

2. Name of Medication _____ Expiration Date _____

Quantity Received _____ Special Storage Requirements _____

Dose Given at Camp _____ Frequency _____ Route of Administration _____

Date Ordered _____ Duration _____

Specific Directions (ex. on empty stomach/with water) _____

Specific Precautions _____ Possible Side Effects/Adverse Reactions _____

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor - A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medication.

I hereby authorize _____ to administer, to my child, _____
(Name of Camp) (Name of Child)

the medication(s) listed above, in accordance with 105 CMR 430.160.

Parent/Guardian Signature: _____ Date: _____

Health Care Consultant Signature: _____ Date: _____

Doctor Signature: _____ Date: _____
(for non-prescription medication only)