Camp Sertoma Health Form
July 14-19th, 2024

Camper Name_____

Grade Completed Spring 2024 _____ First time camper: Yes ____ No____

Birthday _____ Gender ____ Age____

Emergency Contacts

Parent/Guardian

Name_____

Address_____

City_____ State _____ Zip_____

Phone Number(s) voice/text /VP:

_____

If parent/guardian <u>is not available</u> notify:

Name_____

Relationship to camper_____

Address_____

City_____ State_____ Zip_____

Phone Number(s) voice/text /VP:

_____

Camper Name_____

Allergies Yes___ No___

If Yes, allergies to: Food__ Medications__ Environment __ Other_____

Describe what the camper is allergic to and the reaction seen:

_____

_____

_____

Diet/Nutrition No special diet required___ Yes special diet required____

If yes, describe the camper's special diet requirements:

_____

_____

_____

You may be contacted for additional information. In cases of extreme restrictive diets families may be asked to bring their own food items to supplement what is provided by Camp Sertoma.

Camper Name_____

Camper General History

No __ Yes___ 1. Have any recent injury, illness or infectious disease?
No __ Yes___ 2. Have any recurring/chronic illness?
No __ Yes___ 3. Ever been hospitalized?
No __ Yes___ 4. Ever had surgery?
No __ Yes___ 5. Have frequent headaches?
No __ Yes___ 6. Ever had a head injury?
No __ Yes___ 7. Ever been knocked unconscious?
No __ Yes___ 8. Wear glasses, contacts or protective eyewear?
No __ Yes___ 9. Wear hearing aid(s) or cochlear implant(s)?
No __ Yes___ 10. Had fainting or dizziness?
No __ Yes___ 11. Ever had seizures?
No __ Yes___ 12. Ever passed out or experienced chest pain during or after exercise?
No __ Yes___ 13. Ever been diagnosed with a heart murmur?
No __ Yes___ 14. Ever had back/joint problems?
No __ Yes___ 15. Have any skin problems (e.g. itching, rash, acne)?
No __ Yes___ 16. Have diabetes?
No __ Yes___ 17. Have asthma?
No __ Yes___ 18. Have mononucleosis in the past 12 months?
No __ Yes___ 19. Have problems with diarrhea/constipation?
No __ Yes___ 20. Have problems falling asleep/sleepwalking?
No __ Yes___ 21. If female, have an abnormal menstrual history?
No __ Yes___ 22. Have a history of bedwetting?
No __ Yes___ 23. Have any special physical needs?
No __ Yes___ 24. Traveled outside the US in the past 12 months?

Please explain any 'Yes' answers and include the question number:

Camper Name_____

Camper Mental, Emotional and Social Health

No __ Yes___ 1. This camper has been diagnosed with Attention Deficit Disorder (ADD) or ADHD.
No __ Yes___ 2. Emotional difficulties where professional help was sought in the past 12 months?
No __ Yes___ 3. Has a psychiatric diagnosis of depression, OCD, Panic/Anxiety disorder, eating disorder?
No __ Yes___ 4. Have any special behavioral needs?
No __ Yes___ 5. Had a significant life event that continues to affect the camper's life such as a death of a loved one, family change, survived disaster, etc.?

Please explain any 'Yes' answers, and include the question number:

Tell us about your camper

Likes, dislikes, strengths, excitement/concerns about camp, etc.

_____

_____

_____

_____

_____

Camper Restrictions

Yes___ I have reviewed the activities of the camp and feel my camper can participate without restrictions.

Yes___ I have reviewed the activities of the camp and feel my camper can participate with the following restrictions or adaptations described:

_____
_____
_____
_____

Camper Name_____

Medical Insurance

A photo/scan/copy of the front and back of this medical card must be included.

Parents/guardians are financially responsible for health care given by an out-of-camp provider for medications, illness treatments, pre-existing conditions, etc.

Insurance Company _____

Policy Subscriber _____

Policy Number _____ Insurance Company Phone number_____

Health Care Providers

Name of camper's primary doctor_____ Phone _____

Dentist Name _____ Phone _____

Medications Being Taken

Medications are any substance a camper takes to maintain and /or improve this/her health and includes vitamins and homeopathic remedies. Please list all medications taken routinely.

Bring only enough mediation to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician. Medication changes can be updated with camp medical staff upon arrival at Camp Sertoma.

___ This camper will not be taking any medication while at Camp Sertoma.

___ This camper will take the following medication(s) while at Camp Sertoma.

Name of Medication	Reason for taking it	When to be given	Date Started

Camper Name_____

Over the Counter Medications

The following generic medications are stocked in our Nurse's Office and are used to manage illness and injuries that may occur while your camper is at Camp Sertoma. All over the counter medications are given according to manufacturer's recommendations. Please indicate whether or not your camper can have the following medications:

No __ Yes___ Acetaminophen (Tylenol)
No __ Yes___ Antibiotic Ointment or cream
No __ Yes___ Benadryl (oral)
No __ Yes___ Benzocaine (insect bite spray)
No __ Yes___ Calamine Lotions (Poison Ivy)
No __ Yes___ Solocaine (sunburn spray)

No __ Yes___ Ibuprofen (Advil, Motrin)
No __ Yes___ Aloe
No __ Yes___ Benadryl (lotion)
No __ Yes___ Tums
No __ Yes___ Cough Drops
No __ Yes___ Hydrocortisone Cream

Parent/Guardian Signature _____ Date _____

Immunization History

Provide the month and year for each immunization or provide a copy of your camper's clinic/school immunization record. Starred (*) immunizations must be current.

Immunization	Dose 1 Month /Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, Measles, Rubella* (MMR)						
Polio* (IPV)						
Hemophilic influenza type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) Had Chicken Pox- Date						
Meningococcal meningitis (MCV4)						

Camper Name_____

Parent/Guardian Authorization

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

I hereby give permission to Camp Sertoma to provide routine health care, administer prescription medications, and seek emergency treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Camp Sertoma to arrange necessary related transportation for me/my child.

We practice safety at all times, to the best of our ability; however, participation in camp life and activities has inherent risks and injuries sometimes do occur. With enrollment, parents acknowledge and assume financial responsibility for medical expenses and agree to hold harmless Confidence Learning Center, Sertoma Inc, its employees, and agents against any and all claims, damages and injuries.

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

Should my child need to leave camp for behavioral or medical reasons I agree to pick up or make arrangements for transportation within a timely matter or may be charged an additional fee for my child's care.

Families are responsible for translating or interpreting in a language other than English. All paperwork must be filled out and turned into camp Sertoma in English.

If for religious reasons, you cannot sign this, contact Camp Sertoma for a legal waiver that must be signed for attendance.

Signature of parent/guardian _____

Printed Name_____ Date_____

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

Signature of camper_____ Date_____