



HEALTH HISTORY FORM

All the information on this form is confidential and will be shared only with appropriate staff at camp. Health history information is required to complete your camper's registration. In addition, a Physical Exam form must be completed and signed by your child's doctor within 12 months prior to the start date of camp.

Camper Name:

Male Female DOB: _____ Age On Arrival At Camp: _____

Camper Home Address:

Doctor Name And Address:

Doctor Phone Number:

Parent/guardian with legal custody to be contacted in case of an emergency, illness or injury:

Name: _____ Relationship To Camper: _____

Preferred Phone: _____ Email: _____

Home Address (if different from camper's address):

Second parent/guardian or other emergency contact:

Name: _____ Relationship To Camper: _____

Preferred Phone: _____ Email: _____

Home Address (if different from camper's address):

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

Name: _____ Relationship To Camper: _____

Preferred Phone: _____ Email: _____

Home Address (if different from camper's address):

CHOOSE YOUR ADVENTURE

Camper Name: _____ **DOB:** _____

No known allergies

This camper is allergic to:

FOOD MEDICATIONS ENVIRONMENT (insect stings/bees, hay fever, other etc.)

(Please describe below what the camper is allergic to and the reaction seen. A physician signed asthma or epipen action plan is required prior to admission to camp.)

DIET/ NUTRITION:

This camper eats a regular diet.

This camper eats a regular vegetarian diet.

This camper is lactose intolerant.

This camper is gluten intolerant.

Other, please explain.

(Please provide any information that will be helpful in understanding your child's dietary restrictions.)

PROGRAM RESTRICTIONS:

I have reviewed the program and activities of the camp and feel this camper can participate without restrictions.

I have reviewed the program and activities of the camp and feel this camper can participate with the following restrictions or adaptations.

(Please describe below)

MEDICAL INSURANCE INFORMATION: (Please include a copy of both sides of your insurance card.)

This camper is covered by medical/hospital insurance: YES NO

Insurance company: _____ Policy/ID number _____

Insurance co. phone number: _____

Subscriber: _____ Relationship to camper: _____

Subscriber DOB: _____

CHOOSE YOUR ADVENTURE

Camper Name: _____

DOB: _____

GENERAL HEALTH HISTORY: Check "Yes" if your child has been diagnosed with or treated for the

- | | |
|---|--|
| Ever been hospitalized? _____ <input type="checkbox"/> Yes | Skin problems? _____ <input type="checkbox"/> Yes |
| Ever had surgery? _____ <input type="checkbox"/> Yes | Sleep/sleepwalking problems? _____ <input type="checkbox"/> Yes |
| Recurrent/chronic illnesses? _____ <input type="checkbox"/> Yes | Bed wetting? _____ <input type="checkbox"/> Yes |
| Recent infectious disease? _____ <input type="checkbox"/> Yes | Anxiety/depression? _____ <input type="checkbox"/> Yes |
| Recent injury? _____ <input type="checkbox"/> Yes | Immune disorder? _____ <input type="checkbox"/> Yes |
| Asthma/wheezing? _____ <input type="checkbox"/> Yes | Prone to severe homesickness? _____ <input type="checkbox"/> Yes |
| Seizures? _____ <input type="checkbox"/> Yes | Mononucleosis (mono) in the _____ <input type="checkbox"/> Yes
past 12 months? |
| Diabetes? _____ <input type="checkbox"/> Yes | If female, any problems with _____ <input type="checkbox"/> Yes
periods/menstruation? |
| Headaches/migraines? _____ <input type="checkbox"/> Yes | |
| Digestion/intestinal problems? _____ <input type="checkbox"/> Yes | |
| Chest pain with activity? _____ <input type="checkbox"/> Yes | |
| Fainting/dizziness? _____ <input type="checkbox"/> Yes | |
| Bone/joint disorder? _____ <input type="checkbox"/> Yes | |
| Heart condition/murmur? _____ <input type="checkbox"/> Yes | |

Please explain "Yes" answers below:

MENTAL, EMOTIONAL, SOCIAL HEALTH: (please check "Yes" or "No" for each statement)

Has the camper:

1. Ever been treated for ADD or ADHD? YES NO
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? YES NO
3. During the past 12 months, seen a professional to address mental/emotional health concerns? YES NO
(If "Yes" please explain diagnosis or reason for treatment below)
4. Had a significant life event that continues to affect the camper's life?
(Death of a loved one, abuse, divorce, new sibling, adoption, survived a disaster, others)

(Please explain "Yes" answers in the space below. The camp may contact you for additional information.)

CHOOSE YOUR ADVENTURE

Camper Name: _____ **DOB:** _____

MEDICATIONS:

Roaring Brook Camp can only administer prescription drugs in accordance with direction from licensed medical personnel (not parents and campers). Roaring Brook Camp must have the doctor's written direction and the original labeled bottle of medicine. You must supply the camp with enough medicine for the duration of your child's stay at Roaring Brook Camp.

Is your child currently taking any medications (prescription (including epipens and inhalers), over the counter, herbal, vitamins, homeopathic or alternative)?

YES NO

Do you make seasonal adjustments in your child's medication(s)?

YES NO

(If "Yes", please explain)

Medication name and dose (mg): _____

Time(s) taken: _____

How it is given: _____

Reason for use: _____

Medication name and dose (mg): _____

Time(s) taken: _____

How it is given: _____

Reason for use: _____

Medication name and dose (mg): _____

Time(s) taken: _____

How it is given: _____

Reason for use: _____

CHOOSE YOUR ADVENTURE

Camper Name: _____

DOB: _____

What have we forgotten to ask? Please provide any additional information about your camper's health that you think is important for us to know or that may affect your camper's ability to fully participate in the camp program. *Attach additional page(s) if needed. Thank you!*

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE:

This Health History is correct to the best of my knowledge and accurately reflects the health status of this camper. The camper listed above has permission to participate in all Roaring Brook Camp activities except as noted by me on this form and/or an examining physician on the Physical Exam Form. I hereby give permission for Roaring Brook Camp staff to seek treatment related to the health of my child for both routine health care and in emergency situations; to provide, seek, or consent to routine health care, to administer prescribed medications including but not limited to inhalers and epipens, to administer over-the-counter medications, including but not limited to herbal, homeopathic or alternative supplements and vitamins, and to seek medical care and treatment as needed, included but not limited to x-rays, routine tests, emergency room visits, and hospitalization. I hereby give permission to Roaring Brook Camp to arrange any related transportation required for medical needs including but not limited to transport to a doctor's office or clinic or hospital. I agree to the release of any medical records necessary for treatment, referral, billing or insurance purposes.

If I cannot be reached in an emergency, I give my permission to the Roaring Brook Camp staff to secure and administer proper treatment, including hospitalization (including injections, anesthesia and surgery) for this camper. I further represent that I have lawful custody of my child and the legal authority to enter into this agreement.

I understand the information on this form will be shared on a "need to know" basis with Roaring Brook Camp staff and medical professionals. I give permission to photocopy this form. In addition, the Roaring Brook 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 Roaring Brook Camp staff and medical professionals about my child's health status.

Printed Name of Custodial Parent/Guardian: _____

Signature of Custodial Parent/Guardian: _____

Date _____

Relationship to camper: _____

CHOOSE YOUR ADVENTURE

Camper Name: _____

DOB: _____

CHOOSE YOUR ADVENTURE

+1(802) 449-7187 || roaringbrookcamp.com || info@roaringbrook.com