FORM 2

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses.

american CAMP association®

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): This form must be completed and submitted prior to arrival on campus

Dates will attend camp: from _____ (Month/Day/Year) to _____ (Month/Day/Year)

Camper Name: _____ (First) (Middle) (Last)

○ Male ○ Female Birth Date_____ (Month/Day/Year) Age on arrival at camp_____

Camper home address: _____

_____ (City) (State) (Zip Code)

Custodial parent(s)/guardian(s) phone (_____)_____(_____)_____

Camper Name: _____ (First) (Middle) (Last)

(For camp use) Cabin or Group_____

(For camp use) Session Code(s)_____

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Please check those items the camper should not be given.**

- Acetaminophen (Tylenol)..... ☐
- Ibuprofen (Advil, Motrin)..... ☐
- Phenylephrine (Sudafed PE)..... ☐
- Pseudoephedrine (Sudafed)..... ☐
- Chlorpheneramine maleate..... ☐
- Guaifenesin..... ☐
- Dextromethorphan..... ☐
- Diphenhydramine (Benadryl)... ☐
- Generic cough drops..... ☐
- Chloraseptic (Sore throat spray)..... ☐
- Lice shampoo or scabies cream..... ☐
- Bismuth subsalicylate (Pepto-Bismol)... ☐
- Laxatives for constipation (Ex-Lax)..... ☐
- Hydrocortisone 1% cream..... ☐
- Topical antibiotic cream..... ☐
- Calamine lotion..... ☐
- Aloe..... ☐

Allergies:

○ No Known Allergies
○ To foods (list):

○ To medications (list):

○ To the environment (insect stings, hay fever, etc.– list):

○ Other allergies (list):

Does your child carry an EpiPen?_____ (Yes/No)

Describe previous reactions:

Diet, Nutrition: ○ Eats a regular diet. ○ Has a medically prescribed meal plan or dietary restrictions (describe below):

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

1. Have recurrent/chronic illnesses? ..... ○ Yes ○ No
2. Had a recent infectious disease? ..... ○ Yes ○ No
3. Had a recent injury? ..... ○ Yes ○ No
4. Had asthma/wheezing/shortness of breath?..... ○ Yes ○ No
5. Have diabetes? ..... ○ Yes ○ No
6. Had seizures? ..... ○ Yes ○ No
7. Had headaches? ..... ○ Yes ○ No
8. Wear glasses, contacts, or protective eyewear? ..... ○ Yes ○ No
9. Had fainting or dizziness? ..... ○ Yes ○ No
10. Passed out/had chest pain during exercise? ..... ○ Yes ○ No
11. Had mononucleosis ("mono") during the past 12 months?..... ○ Yes ○ No
12. Have problems with falling asleep/sleepwalking? ..... ○ Yes ○ No
13. Ever had back/joint problems?..... ○ Yes ○ No
14. Traveled outside the country in the past 9 months?..... ○ Yes ○ No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ..... ○ 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
4. 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 "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

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◯Male ◯Female Birth Date_____ (Month/Day/Year) Age on arrival at camp_____

Camper home address: _____

_____ (City) (State) (Zip Code)

Custodial parent(s)/guardian(s) phone (_____)_____(_____)_____

Camper Name: _____ (First) _____ (Middle) _____ (Last) _____ (For camp use) Cabin or Group_____ (For camp use) Session Code(s)_____

Medication:

◯ This camper will not take any daily medications while attending camp
◯ This 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 & natural remedies. The University requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. All Medications will be collected by staff at registration and securly stored. Child will be given their container at the time stated to be taken.

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time:_____		

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 injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with 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: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

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