

Health Record

This Health History is REQUIRED for registration. This information is not part of the acceptance process, but is gathered to assist us in identifying appropriate care. Please check appropriate spaces and fill in all information as completely and accurately as possible.

Camper's Name _____ male / female (circle one) Birth Date _____
Camp Date(s) _____ Parent/Guardian _____ Phone number(s) _____
Non-Parental Emergency Contact _____ Relationship _____ Phone number(s) _____

Overall Health? _____ Are there any current restrictions on activity? No Yes If yes, explain. _____

Are there any medical problems of which the Camp should be aware? (ie. Diabetes, asthma, seizure disorder, etc.) No Yes If yes, please explain in detail _____

Are there any special dietary restrictions the Camp should be aware of? _____

Allergies (List ALL) _____

Physician name _____ Phone _____ Date of last physical exam _____
(must have occurred with 24 months)

Dentist/Orthodontist name _____ Phone _____

Health Insurance _____ Policy # _____ Authorization Phone # _____

Immunizations and dates:	Date of last Tetanus (REQUIRED)		
DTP		TD tetanus, diphtheria	
Polio		Pneumonia	
Hepatitis B		Varicella	
Influenza		MMR Measles, Mumps, Rubella	

Any SPECIAL Health and/or Behavioral Considerations? _____

Yes No I hereby give my permission to the Camp Health Office to provide any first aid for the mild injuries and illnesses that should arise for the child named above.

Yes No I also give my permission to administer over-the-counter medications, including: Tylenol, Motrin, allergy/cold medications, gastrointestinal medications (ie.: Mylanta, laxatives, anti-diarrhea) and lotions/creams (ie.: sunblock, Benadryl cream, hydrocortisone) except for the following: _____

Prescription Medications: (You will have an opportunity to update this list when you deliver your child to camp)

Please list _____

•All medications brought by the camper (prescription or over-the-counter) must be given to the camp health officer at the time of check in. The health officer stocks the most common medicines such as Tylenol and cold remedies, so it is unnecessary to bring them. All medications must be in the original container and include clear and current directions and the camper's name. Asthma inhalers may be kept by the camper.

•Campers are not allowed to bring alcohol, cigarettes, drugs, weapons, fireworks, cell phones or electronic devices (except cameras). Camp Henry reserves the right to search any campers belongings and confiscate these items.

•Camp Henry provides secondary accident insurance for campers during their time at camp. Camp Henry's insurance begins where yours leaves off. Illness and sickness are not covered. Any outside charges incurred related to this illness will be billed to parents or guardians.

•I understand it is the policy of Camp Henry not to release a camper to anyone other than the person designated at the beginning of camp. I recognize that certain hazards and dangers are inherent in camp events and programs, and particularly, but not limited to, horseback riding, hayrides, swimming, boating, A-field activities, ropes courses, team courses, tower climbing, water skiing, sledding, and canoeing. I understand that adventure activities may expose my child to psychologically and physically stressful and challenging situations.

•I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. I understand that my child shares responsibility for his/her safety and I have instructed my child in the importance of knowing and abiding by the camp rules, regulations, and procedures for the safety of camp participants. Further, I waive any claim that may arise against Camp Henry and/or its employees as a result of participation in the program, except for those which are the direct result of the gross negligence of Camp Henry or its employees. Camp Henry reserves the right to discipline or send home any child for any reason in its sole discretion, including rule violations, or health and safety concerns.

•In signing this document, I hereby certify that the above information is correct, and give permission for the use of photographs, or other media, including my son or daughter to be used in camp publicity; for my son or daughter to be transported for approved out-of-camp activities, and for the release of medical information in case of illness. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Henry staff to obtain proper medical diagnosis, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above. If an injury should occur at Camp Henry, I understand that Camp Henry's insurance coverage picks up where my insurance leaves off, up to the limits of the Camp.

X _____
Authorized Signature (Parent/Guardian) REQUIRED **Date**

For Camp Henry Use Only

Health review form to be completed by the Camp Henry Health Officer within 24 hours of camper's arrival.

initials date