

# 2018 Camp Sertoma Health Form

Health Form MUST be returned to camp by June 1, 2018

## Camp Sertoma

1620 Mary Fawcett Memorial Dr  
East Gull Lake, MN 56401  
218-828-2344 ,VP 218-203-0299

Camper Name \_\_\_\_\_ Session **July 8-13, 2018**

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Grade completed Spring 2018 \_\_\_\_\_ Gender:  Male  Female

### EMERGENCY CONTACTS

**Parent/ Guardian:** \_\_\_\_\_  
Home Phone/ VP \_\_\_\_\_  
Home Address \_\_\_\_\_  
City /State/ Zip \_\_\_\_\_  
Mother's Cell \_\_\_\_\_ Work \_\_\_\_\_  
Father's Cell \_\_\_\_\_ Work \_\_\_\_\_  
Preferred Contact  Text  Voice

#### If parents/ guardian is not available in an emergency, notify:

1.) Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_  
Preferred Contact  Text  Voice  
2.) Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_  
Preferred Contact  Text  Voice

**Allergies:**  No known Allergies.  This camper is allergic to:  Food  Medicine  The environments (insects, hay fever, etc)  Other  
(Please describe below what the camper is allergic to and the reaction seen)

**Diet, Nutrition:**  This camper eats a regular diet  This camper has special food needs (Please describe) 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.

**Restrictions:**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions  
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations (Please describe below)

- 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 language other than English. All paperwork must be filled out and turned into camp in English

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 minor camper \_\_\_\_\_ Date \_\_\_\_\_

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

**General Health History**

Has/does the participant:

- 1 Had any recent injury, illness or infectious disease?  Yes  No
- 2 Have recurring/chronic illness?  Yes  No
- 3 Ever been hospitalized?  Yes  No
- 4 Ever had surgery?  Yes  No
- 5 Have frequent headaches?  Yes  No
- 6 Ever had a head injury?  Yes  No
- 7 Ever been knocked unconscious?  Yes  No
- 8 Wear glasses, contacts or protective eyewear?  Yes  No
- 9 Wear hearing aids or cochlear implant?  Yes  No
- 10 Had fainting or dizziness  Yes  No
- 11 Ever had seizures?  Yes  No

- 12. Ever passed out or experienced chest pain during or after exercise?  Yes  No
- 13 Ever been diagnosed with a heart murmur?  Yes  No
- 14 Ever had back/joint problems?  Yes  No
- 15 Have any skin problems (e.g. itching, rash, acne)?  Yes  No
- 16 Have diabetes?  Yes  No
- 17 Have asthma?  Yes  No
- 18 Have mononucleosis in the past 12 months?  Yes  No
- 19 Has problems with diarrhea/constipation?  Yes  No
- 20 Have problems falling asleep/sleepwalking?  Yes  No
- 21 If female, have an abnormal menstrual history?  Yes  No
- 22 Have a history of bed-wetting?  Yes  No
- 23 Have any special physical needs?  Yes  No
- 24 Traveled outside the US in the past 12 months?  Yes  No

**Please explain any "yes" answers, noting the number of the questions:**

**Mental, Emotional and Social Health**

- 1 This camper has been diagnosed with Attention Deficit Disorder (ADD) or ADHD.  Yes  No
- 2 Ever had emotional difficulties for which professional help was sought?  Yes  No
- 3 This camper had a psychiatric diagnosis such as depression, OCD, Panic/Anxiety disorder, eating disorder.  Yes  No
- 4 Have any special behavioral needs? \*If "Yes" Please attach written information for behavior management.  Yes  No
- 5 This camper has had a significant life event that continues to affect the camper's life\* if "yes" please attach written information about the event- death of a loved one, family change, survived disaster, etc.  Yes  No

**Please explain any "yes" answers, noting the number of the questions:**

**What have we forgotten to ask?** Please provide any additional information about the camper's health or behavior that may be helpful for the camper to have a successful camp experience.

Camper Name \_\_\_\_\_

**Medical Insurance:**

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Subscriber \_\_\_\_\_ Insurance Company Phone Number \_\_\_\_\_

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

**\* Photocopy of front and back of health card must be attached to this form\***

**Health Care Providers**

Name of camper's primary doctor(s) \_\_\_\_\_ phone \_\_\_\_\_

Name of dentist(s) \_\_\_\_\_ phone \_\_\_\_\_

**Medications being taken**

“Medications “ is any substance a person takes to maintain and/or improve his or her health and includes vitamins and homeopathic remedies Please list ALL medications taken routinely. **Bring ONLY enough medication to last the entire time at camp. Keep it in the ORIGINAL packaging/bottle that identifies the prescribing physician**

This Camper will NOT be taking any medication while at Camp Sertoma

This Camper will take the following medications(s) while attending Camp Sertoma .

Name of Medication and dosage	Reason for Taking it	When to be given	Date Started
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other	
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other	
		<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other	

Attach additional pages for more medication.

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 child is at Camp Sertoma. All OTC medications will be given according to manufacturer's recommendations. **Cross out those that SHOULD NOT be given.**

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Antibiotic Ointment or Cream	Aloe
Benadryl (oral)	Cough Drops	Benzocaine (Insect Bite Spray)	Calamine Lotion (Poison Ivy Lotion)
Benadryl (lotion)	Tums	Hydrocortisone Cream	
Solocaine (Sunburn Spray)			

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Immunization History:**

Provide the month and year for each immunization or attach a copy of your child's clinic/school immunization record. Starred (\*) immunizations must be current. **Families must provide information each year for child to attend.**

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, Measels, Rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)						
Meningococcal meningitis (MCV4)						

You must have a physician fill out and sign "PHYSICAL EXAMINATION FORM" or have the physician's office fax the following information to Camp Sertoma (218) 828-2618 on a separate form. Health Exam must be no more than 24 months prior attending Camp. **This information MUST be at camp before June 1, 2018**

\*Date of Health Examination

\*Signature and date from physician

\*Current or on-going treatments or medications

\*Any physical conditions requiring restrictions while at Camp Sertoma, and list restrictions.

\* Questions please contact Jen or Emily, [jen@campconfidence.com](mailto:jen@campconfidence.com) or [Emily@dreamsandinspirations.com](mailto:Emily@dreamsandinspirations.com) (218)828-2344

VP 218-203-0299

(This form must be completed by licensed medical personnel  
Must be to Camp Sertoma by June 1,2018)

**Camp Sertoma**  
**1620 Mary Fawcett Memorial Drive**  
**East Gull Lake, MN 56401**  
**218-828-2344**  
**Fax 218-828-2618**

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. A physical exam must be completed by licensed medical personnel at least every 24 months prior to attending Camp Sertoma.

Name of Camper \_\_\_\_\_ Birth Date \_\_\_\_\_

**Health Care Recommendations by Licensed Medical Personnel**

I have examined the above camp participant on (date) \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

This camper is independent in toileting, bathing and other personal hygiene ( )Yes ( )No

In my opinion, the above applicant ( ) is ( ) is not able to participate and work in an active camp program

The applicant is under the care of a physician for the following condition(s)

\_\_\_\_\_  
\_\_\_\_\_

**Recommendations and Restrictions at Camp**

Treatment to be continued at camp: \_\_\_\_\_  
\_\_\_\_\_

Medications to be administered at Camp: (name, dosage, frequency): \_\_\_\_\_  
\_\_\_\_\_

Any medical prescribed meal plan or dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_

Known Allergies: \_\_\_\_\_  
\_\_\_\_\_

Descriptions of any limitations or restrictions on camp activities: \_\_\_\_\_  
\_\_\_\_\_

Additional information (behavioral, physical, emotional or mental health )for health care staff: \_\_\_\_\_  
\_\_\_\_\_

Signature of Licensed Medical Personnel _____	Date _____
Printed _____	Title _____
Address _____	Phone: _____

## **Special Diets:**

**Please note: Special diet requests are for food allergies, religious restrictions, and other health-related needs only.** Requests should not be made for food preferences, personal taste, or for “picky eaters”: due to the large number of campers, camp cannot accommodate these requests and they will not be honored.

**Example of special diet requests include:** gluten-free diet, kosher meals, peanut allergy, lactose intolerance, etc.

**Examples of diets that are not a special request include:** child does not like vegetables, child will only eat hot dogs or hamburgers, etc.

**We require all the forms listed below to be postmarked June1, 2018 or before. Thank You!**

- Camper Registration (2 pages)
- Camper Health Form (with parent or legal guardian signature) (4 pages)
- Physical Examination Form (with signature from licensed medical professional)
- Copy of Current Health Insurance Card (front and Back)
- Copy of Current Immunizations –Required annually
- Transportation Waiver Form ( if someone other than parent will be picking up)
- Camper Behavior Contract
- \$125 registration Deposit (before April 15) \$150 (after April 15)

**OR**

- Copy of acceptance letter for 2017-2018 school lunch program