

2021 Camp Sertoma Health Form

Health Form **MUST** be returned to camp by July 1, 2021

Camp Sertoma
 C/O Janeen Kleffman
 P.O. Box 944
 Grand Rapids, MN 55744
 (218) 244-0538 Voice/text/Facetime
 jkleffmancampsertoma@gmail.com

Camper Name _____ **Session** July 11-16, 2021

Age _____ Birthday _____ Grade completed Spring 2021 _____ Gender: Male Female

Emergency Contacts

Parent(s)/ Guardian: _____

Home Phone/ VP _____ Mother's Cell _____ Work _____

Home Address _____ Father's Cell _____ Work _____

City /State/ Zip _____ Preferred Contact Text Voice

If parent/ 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.

- 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 Emotional difficulties for which professional help was sought in past 12 months? 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:

- 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**)

Please briefly tell us about your child. Likes/dislikes, strengths, excitement/concerns about Camp, etc.

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. 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 medications(s) while attending Camp Sertoma .

Name of Medication and dosage	Reason for Taking it	When to be given	Date Started

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 Had Chicken (chicken pox) Pox- Date						
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, 2021

- *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.

Physical Examination Form

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 and sent to:

Camp Sertoma
C/O Janeen Kleffman
P.O. Box 944
Grand Rapids, MN 55744
(218) 244-0538 Voice/text/Facetime
jkleffmancampsertoma@gmail.com

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: _____