

**Camp Sertoma Health Form**  
**July 10-15, 2022**

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

Grade Completed Spring 2022 \_\_\_\_\_ First time camper: \_\_\_\_ Yes \_\_\_\_ No

Birthday \_\_\_\_\_ Gender \_\_\_\_ Age \_\_\_\_

**Emergency Contacts**

**Parent/Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) voice/text /VP:

\_\_\_\_\_

**If parent/guardian is not available notify:**

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) voice/text /VP:

\_\_\_\_\_

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

**Allergies**     \_\_\_ Yes                     \_\_\_ No

**If Yes, allergies to:** \_\_\_ Food \_\_\_ Medications \_\_\_ Environment \_\_\_ Other \_\_\_\_\_

Describe what the camper is allergic to and the reaction seen: \_\_\_\_\_

**Diet/Nutrition**             \_\_\_ No special diet required             \_\_\_ Yes special diet required

If yes, describe what the camper's special diet requirements: \_\_\_\_\_

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.

**Camper General History**

- No \_\_\_ Yes\_\_\_ 1. Have any recent injury, illness or infectious disease?
- No \_\_\_ Yes\_\_\_ 2. Have any recurring/chronic illness?
- No \_\_\_ Yes\_\_\_ 3. Ever been hospitalized?
- No \_\_\_ Yes\_\_\_ 4. Ever had surgery?
- No \_\_\_ Yes\_\_\_ 5. Have frequent headaches?
- No \_\_\_ Yes\_\_\_ 6. Ever had a head injury?
- No \_\_\_ Yes\_\_\_ 7. Ever been knocked unconscious?
- No \_\_\_ Yes\_\_\_ 8. Wear glasses, contacts or protective eyewear?
- No \_\_\_ Yes\_\_\_ 9. Wear hearing aids or cochlear implant?
- No \_\_\_ Yes\_\_\_ 10. Had fainting or dizziness?
- No \_\_\_ Yes\_\_\_ 11. Ever had seizures?
- No \_\_\_ Yes\_\_\_ 12. Ever passed out or experienced chest pain during or after exercise?
- No \_\_\_ Yes\_\_\_ 13. Ever been diagnosed with a heart murmur?
- No \_\_\_ Yes\_\_\_ 14. Ever had back/joint problems?
- No \_\_\_ Yes\_\_\_ 15. Have any skin problems (e.g. itching, rash, acne)?
- No \_\_\_ Yes\_\_\_ 16. Have diabetes?
- No \_\_\_ Yes\_\_\_ 17. Have asthma?
- No \_\_\_ Yes\_\_\_ 18. Have mononucleosis in the past 12 months?
- No \_\_\_ Yes\_\_\_ 19. Have problems with diarrhea/constipation?
- No \_\_\_ Yes\_\_\_ 20. Have problems falling asleep/sleepwalking?
- No \_\_\_ Yes\_\_\_ 21. If female, have an abnormal menstrual history?
- No \_\_\_ Yes\_\_\_ 22. Have a history of bedwetting?
- No \_\_\_ Yes\_\_\_ 23. Have any special physical needs?
- No \_\_\_ Yes\_\_\_ 24. Traveled outside the US in the past 12 months?

Please explain any Yes answers including what number:

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

**Camper Mental, Emotional and Social Health**

- No \_\_\_ Yes\_\_\_ 1. This camper has been diagnosed with Attention Deficit Disorder (ADD) or ADHD.  
No \_\_\_ Yes\_\_\_ 2. Emotional difficulties where professional help was sought in the past 12 months?  
No \_\_\_ Yes\_\_\_ 3. Has a psychiatric diagnosis of depression, OCD, Panic/Anxiety disorder, eating disorder?  
No \_\_\_ Yes\_\_\_ 4. Have any special behavioral needs?  
No \_\_\_ Yes\_\_\_ 5. Had a significant life event that continues to affect the camper's life such as a death of a loved one, family change, survived disaster, etc.?

Please explain any Yes answers including what number:

**Camper Restrictions**

Yes\_\_\_ I have reviewed the activities of the camp and feel my camper can participate without restrictions.

Yes\_\_\_ I have reviewed the activities of the camp and feel my camper can participate with the following restrictions or adaptations described:

**Tell us about your camper**

Likes, dislikes, strengths, excitement/concerns about camp, etc.

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

**Medical Insurance**

A photo copy of the front and back of this medical card must be included.

Parent/guardian is financially responsible for health care given by an out-of-camp provider for medications, illness treatments, pre-existing conditions etc.

Insurance Company \_\_\_\_\_

Policy Subscriber \_\_\_\_\_

Policy Number \_\_\_\_\_ Insurance Company Phone number \_\_\_\_\_

**Health Care Providers**

Name of camper's primary doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Medications Being Taken**

Medications are any substance a camper takes to maintain and /or improve this/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 medication(s) while at Camp Sertoma.

Name of Medication	Reason for taking it	When to be given	Date Started

**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 camper is at Camp Sertoma. All over the counter medications are given according to manufacturer’s recommendations. Please indicate whether or not your camper can have the following medications:

- |               |                                |               |                           |
|---------------|--------------------------------|---------------|---------------------------|
| No ___ Yes___ | Acetaminophen (Tylenol)        | No ___ Yes___ | Ibuprofen (Advil, Motrin) |
| No ___ Yes___ | Antibiotic Ointment or cream   | No ___ Yes___ | Aloe                      |
| No ___ Yes___ | Benadryl (oral)                | No ___ Yes___ | Benadryl (lotion)         |
| No ___ Yes___ | Benzocaine (insect bite spray) | No ___ Yes___ | Tums                      |
| No ___ Yes___ | Calamine Lotions (Poison Ivy)  | No ___ Yes___ | Cough Drops               |
| No ___ Yes___ | Solocaine (sunburn spry)       | No ___ Yes___ | Hydrocortisone Cream      |

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

**Immunization History**

Provide the month and year for each immunization or provide a copy of your camper’s clinic/school immunization record. Starred (\*) immunizations must be current.

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)						

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

**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 camper \_\_\_\_\_ Date \_\_\_\_\_

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