

Camp Sertoma Health Form
July 9-14, 2023

Camper Name _____

Grade Completed Spring 2023 _____ 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 aid(s) or cochlear implant(s)?
- 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, Measles, Rubella* (MMR)						
Polio* (IPV)						
Hemophilic influenza 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 a language other than English. All paperwork must be filled out and turned into camp Sertoma 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.