



# HEALTH FORM

## 2012

PLEASE PRINT

- CAMPER
- TEAM ELIJAH
- STAFF MEMBER
- STAFF KID

Circle Week(s) of Attendance

HORSE CAMP SOAR 1 2  
 BUILT 1 BUILT 2  
 BOYS JR. HORSE CAMP  
 CILT 1 CILT 2  
 GIRLS CAMP 101  
 FAMILY 1 2

- THIS FORM IS REQUIRED FOR ATTENDANCE.
- BOTH SIDES MUST BE COMPLETED BY PARENT/GUARDIAN OF CAMPERS.
- NO HEALTH EXAM IS REQUIRED. ANNUAL UPDATE REQUIRED.
- USE A SEPARATE SHEET OF PAPER FOR ADDITIONAL REMARKS OR HEALTH ISSUES.
- STAFF AND STAFF CHILDREN MUST ALSO HAVE A COMPLETED HEALTH FORM ON FILE

### INDIVIDUAL INFORMATION

Name \_\_\_\_\_ Sex M F Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
 Custodial Parent/Guardian \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
 Second Parent/Guardian \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_

### EMERGENCY CONTACTS

Parent/Guardian:  I plan to be at home or  I plan on traveling

(I will attach my itinerary & phone numbers)

When parent/guardian is not available, the following should be contacted:

Name \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_  
 Relationship \_\_\_\_\_ Alt Phone (\_\_\_\_\_) \_\_\_\_\_

### HEALTH ALERT

#### ALLERGIES

List and describe all known allergic reactions, warning signs and how we should manage.

1. allergy \_\_\_\_\_  
reaction/manage \_\_\_\_\_
2. allergy \_\_\_\_\_  
reaction/manage \_\_\_\_\_
3. allergy \_\_\_\_\_  
reaction/manage \_\_\_\_\_
4. allergy \_\_\_\_\_  
reaction/manage \_\_\_\_\_

#### CRITICAL HEALTH ISSUES – current & historical

Check and describe all that apply

- Asthma \_\_\_\_\_
- Heart \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Hypoglycemia \_\_\_\_\_
- Convulsions / seizures / epilepsy \_\_\_\_\_
- Infectious disease \_\_\_\_\_

#### RESTRICTIONS

Check and describe all that apply

- Dietary \_\_\_\_\_
- Physical Activity \_\_\_\_\_
- Other \_\_\_\_\_

### BEHAVIORAL CONSIDERATIONS

Please check and give complete information on any of the following and any other issues that are necessary for the complete care of your child. Use separate sheet if needed.

- ADD/ADHD
- Learning disability
- Bedwetting
- Eating disorder/  
anorexia/bulimia
- Cutting /self mutilation
- Psychiatric issues/  
mental health
- Night terrors
- Sleep walking
- Other \_\_\_\_\_

### IMMUNIZATION HISTORY

Please record date (month & year)

Immunization	DTP	Hib	MMR	Polio	Hep A	Hep B	Hep C
Series complete or booster							

- Had chicken pox? No Yes Date \_\_\_\_\_  
or had Varicella Vaccine No Yes Date \_\_\_\_\_
- For persons age 15 & older: Date of last tetanus booster \_\_\_\_\_
- STAFF MEMBERS ONLY: Date of last TB-free test? \_\_\_\_\_  
(Must attach proof of test given within previous 36 months)

Immunization history not used as screening device for participation.

<b>MEDICATIONS</b>	Medication Name	Dosage	Time /Frequency Taken	Daily or As Needed
List all meds taken, include over the counter, prescription, and vitamins. <b>All medications and vitamins must be in original containers.</b> Provide enough for the duration of the campers stay.				

**EMERGENCY MEDICAL REFERENCE CONTACTS**      Date of last physical exam: \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of specialist/orthodontist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**PERMISSION**      **IMPORTANT: This box MUST be signed for attendance!**

To my knowledge this health history is correct, and the person herein described has permission to engage in all camp activities, on and off site, except as noted. I give my permission for any agent of Huron Forest Camp CedarRidge to pass the information in this Health History on to any doctor or medical personnel in the event that my child needs medical assistance. According to the federally mandated HIPAA (Health Insurance Portability and Accountability Act) we are committed to maintaining the privacy of your child's health history. Health information will only be available to certain staff members and even then, they will only be given the information deemed necessary to your child's well-being. Health forms will not be accessible to campers or staff. In case of emergency, this health history form will be placed in a sealed envelope and transported with your child to the hospital or clinic, where local health care professionals will have access to the information on it.

**Emergency Authorization:** I hereby give permission to the medical personnel selected by the camp administration to order x-rays, routine tests and treatment for me or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp administration to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me or my child as named.

X \_\_\_\_\_  
Signature of parent/guardian or adult camper/staff      \_\_\_\_\_  
Date

**RELEASE**      We know that participation in the planned program at camp has some inherent risks and do hereby release Huron Forest Camp CedarRidge and all their employees and agents from any claims for injuries resulting to minor children and adults involved in camp programs, and the undersigned agrees to hold Huron Forest Camp CedarRidge and their employees and agent harmless from any loss resulting from any claim by any child or adult in camp programs.

X \_\_\_\_\_  
Signature of parent/guardian      \_\_\_\_\_  
Date

**INSURANCE**      You have my permission to use the following medical/hospitalization insurance policy:

Name of Policy Holder \_\_\_\_\_      Please list insurance numbers on your card:  
(Feel free to attach a photocopy of the card instead)

Social Security # of Policy Holder \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_      #s | \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the plan a: *Circle* HMO PPO  
 Must call for emergency room care  
 Must call prior to local doctor's visit or walk-in clinic

Company Phone Number for approval (\_\_\_\_) \_\_\_\_\_

X \_\_\_\_\_  
Signature of parent / guardian      \_\_\_\_\_  
Date

**MAIL TO:**      Mail this form at least **TEN DAYS BEFORE CAMP BEGINS**

**BEFORE June 25 Mail to:**      **AFTER June 25 Mail to:**  
 Huron Forest Camp CedarRidge - 36208 Freedom Rd,      Huron Forest Camp CedarRidge - 1154 W. River Rd,  
    Farmington, MI 48335           Oscoda, MI 48750  
 Questions: (248) 615-9844      Metro Office      Questions: (989) 739-3571      Camp