Camper Information & Health History Form

Tyler Arboretum Summer Camp

Age Group: _____ (Explorers, Naturalists, etc.)

Camper Name: _____ (Last) _____ (First) _____ (Middle)

(One Camper per Form)

Camper Name: _____
Last First Middle

Name for Nametag: _____ Grade Entering 9/2019: _____

☐Male ☐Female Birth Date: _____ Age on Arrival at Camp: _____

<u>All Campers must have a health exam completed by a medical practitioner within 24 months of the start of camp.</u>

Medications & vitamins must be listed on this form, this includes <u>vitamins/supplements, and over-the-counter medication, prescriptions and emergency medication.</u> ***Any medication/vitamins not listed on this form cannot be administered at camp,*** this includes overnights.

Camper Home Address: _____
Street Address City State Zip Code

Parent Contact Information:

Name Phone Number(s)

_____

_____

Pick-Up Authorization:

Please list all individuals who are authorized to pick up this camper.
*****Unless otherwise noted parents listed above will also be authorized for pick-up.*****

_____

_____

_____

Emergency Contact:

Please provide <u>at least three contacts</u> in order in which they should be contacted in the event of an illness or emergency.
Include parents if they should be contacted first.

Name Relationship Phone number(s)

_____

_____

_____

Medical Insurance Information: (to supply to medical care providers in case of an emergency)

This camper is covered by medical/hospital insurance ☐ Yes ☐ No
Include a copy of your insurance card if applicable; copy both sides of the card so it is readable.

Insurance Company: _____ Policy Number: _____
Subscriber: _____ Insurance Company Phone #:_____

Health Care Provider:

Name of camper's
Primary Doctor: _____ Phone: _____

Camper Name: _____ (Last) _____ (First) _____ (Middle)

Allergies:

☐ No Known Allergies ☐ Camper is Allergic to: ☐ Food ☐ Medicine ☐ Environment (Bees, hay fever, etc.) ☐ Other

(Please elaborate what the camper is allergic to and the reaction seen.)

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:

(Please describe below.)

Medications:

☐ This camper does not take any medications

☐ This camper takes the following medication

(To be Completed by a Physician)

As per state law, all medications to be administered at camp or on an overnight must be listed here and the form signed by a physician. This includes **emergency medication** (inhalers, epi-pens, etc.), **routine prescription medication**, **over-the-counter medication** (Tylenol, Benadryl, etc.) and **vitamins**. Please list ALL medications here (regardless of whether the camper will take them at home or at camp). In case of an emergency it is imperative to have a complete medication list.

Name of Medication	Date Started	Reason for Taking It	When Given	Amount/Dose	How is it Given?
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other:_________		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other:_________		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other:_________		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other:_________		
			☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other:_________		

The following non-prescription medications may be stocked at camp and are used on an as needed basis. Cross out those which should NOT be used on the camper.

♦Calamine Lotion ♦Hydrocortisone Cream ♦Aloe ♦Antibiotic Ointment (for cuts) ♦Sunscreen ♦Sting Relief

General Health History:

Has the Camper:

1. Ever been hospitalized?	☐ Yes ☐ No	11. Had asthma/wheezing/shortness of breath	☐ Yes ☐ No
2. Ever had surgery?	☐ Yes ☐ No	12. Passed out/had chest pain during exercise?	☐ Yes ☐ No
3. Have recurrent/chronic illnesses?	☐ Yes ☐ No	13. Had mononucleosis ("mono") during the past 12 months?	☐ Yes ☐ No
4. Had a recent infectious disease?	☐ Yes ☐ No	14. If female, have problems with periods/menstruation?	☐ Yes ☐ No
5. Had a recent injury?	☐ Yes ☐ No	15. Have problems with falling asleep/sleepwalking?	☐ Yes ☐ No
6. Had fainting or dizziness?	☐ Yes ☐ No	16. Ever had back/joint problems?	☐ Yes ☐ No
7. Have diabetes?	☐ Yes ☐ No	17. Have a history of bedwetting?	☐ Yes ☐ No
8. Had seizures?	☐ Yes ☐ No	18. Have problems with diarrhea/constipation?	☐ Yes ☐ No
9. Had headaches?	☐ Yes ☐ No	19. Wear glasses, contacts, or protective eyewear?	☐ Yes ☐ No
10. Have any skin problems?	☐ Yes ☐ No	20. Traveled outside the country in the past 9 months?	☐ Yes ☐ No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health:

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ☐ Yes ☐ No
2. Ever been treated for emotional or behavioral difficulties? ☐ Yes ☐ No
3. Had a significant life event that continues to affect the camper's life? ☐ Yes ☐ No
   (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)
4. Are there any other needs or accommodations that will help provide a positive experience for the camper? ☐ Yes ☐ No

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Immunization History:

Provide the month and year for each immunization. Copies of immunization forms from healthcare providers are acceptable. Please attach copies.

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
Diptheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) ☐ Had chicken pox Date:						
Meningococcal meningitis (MCV4)						
Tuberculosis (TB) test Date:		☐ Negative ☐ Positive				

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian:_____ Date: _____ Relationship To Camper:_____

What Have we Forgotten to Ask?

Please provide in the space below any additional information about the camper's health/wellbeing that you think is important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Physician Signature:

This health history is correct and accurately reflects the health status and the medications (page 2) of the camper to whom it pertains.

Printed name of physician: _____

Physician Address: _____ Phone #:_____

Physician Signature: _____Date: _____

Parent/Guardian Authorization for Participation and Health Care:

Tyler Arboretum has my consent for my child to take part in all programs. I release the Arboretum and its personnel of any liability related to the administration of the over the counter medication listed above, if allowed.

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I hereby authorize the Summer Camp staff to act for me according to their best judgement in any emergency requiring medical attention. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. I hereby waive and release the Arboretum from any and all liability for any injuries or illness incurred while my child is at camp, or on camp sanctioned trips.

I understand that Tyler Arboretum reserves the right to dismiss any camper whose conduct is detrimental to the Camps. No refund will be issued in such an event. No refund will be issued for withdrawal or absence due to illness or family vacation.

☐ I understand

As parent or guardian of the above named camper, I give my permission for him/her to be photographed while participating in Tyler Arboretum's Summer Camps. I understand the images may be used for publicity purposes.

☐ Yes ☐ No

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Please return completed form to: Tyler Arboretum, ATTN: Joanne Landau, 515 Painter Road, Media, PA 19063 or JLandau@TylerArboretum.org