

Bring Form
to Camp!

Health History for Camp

The Division for Outdoor Ministries
Ohio Conference, United Church of Christ

Year

Cabin or Group

Name

Camper

Name _____ Birth date _____ Age at camp _____

Home address _____
Last First Middle Street address City State Zip

Gender: Male Female

Custodial parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____

Relationship to Camper: _____

Preferred Phone(s): (____) _____ - (____) _____ -

Home address _____
(If different than above) Street address City State Zip

Email address _____

Second parent or guardian or emergency contact:

Name _____

Relationship to Camper: _____

Preferred Phone(s): (____) _____ - (____) _____ -

Home address _____
(If different than above) Street address City State Zip

In an emergency, if parents/guardians are not available, notify:

Name _____

Relationship _____ Preferred Phone _____

Address _____
Street address City State Zip

Insurance Information:

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate Insurance Company _____ Policy # _____

→ Photocopy of front and back of health insurance card must be attached to this form. _____
Staff: Check and initial

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Name of medical specialist _____ Phone _____

IMPORTANT - This box MUST be signed for attendance***

Authorization for Treatment

The information on this form is correct and complete so far as I know. The person described herein ("camper") has permission to participate in all camp activities except those noted. I hereby give permission to Outdoor Ministries to transport the **camper** named on this form to an Emergency Room, and in the same event I also give permission to the physician selected or assigned to order X-rays, routine tests, treatment related to the health of the **camper** for both routine health care and in emergency situations. If I cannot be reached in an emergency, or if I am the **camper** and my emergency contact cannot be reached, I give my permission to the physician for any of the following actions as it pertains to the **camper** named above: hospitalization, securing proper treatment, or ordering injection, anesthesia or surgery. (Note: If the **camper** is not of the age of majority, parents will be contacted if the **camper** has an illness or accident that is of concern to the Health Caregiver and Camp Manager. Parents will be contacted/consulted in the event that a trip to Urgent Care, Emergency Room or other off-site medical attention is necessary. In the event that the parents cannot be reached, the Health Caregiver or Camp Manager will try to reach an Emergency Contact Person listed above.) I understand the information on this form will be shared on a "need to know" basis with camp staff. In addition the camp has permission to obtain a copy of the **camper's** health record from providers who treat the **camper** and these providers may talk with the program's staff about the **camper's** health status.

Signature of parent/guardian or adult camper/staff _____

*** If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

2020
10/15

Name _____ Birth date _____
 Last First Middle

Health History

The following must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide camp healthcare personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide completed information so that the camp can be aware of your needs.

Allergies	<input type="checkbox"/> No known allergies <input type="checkbox"/> This camper is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> The environment (insect stings, hay fever, etc.) <i>Please describe below what the camper is allergic to and the reaction seen</i>
Dietary	<input type="checkbox"/> This camper eats a regular diet <input type="checkbox"/> This camper eats a regular vegetarian diet <input type="checkbox"/> This camper eats a vegan diet <input type="checkbox"/> This camper has special food needs. <i>(Please describe below)</i>
Restrictions	<input type="checkbox"/> I feel the camper can participate without restrictions <input type="checkbox"/> I feel the camper can participate with the following restrictions or adaptations. <i>(Please describe below)</i>

Medications

Please list ALL medications (including over-the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep it in the original packaging/bottle** that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This camper will not take any daily medications while attending camp
 This camper will take the following daily medications while at camp *(Complete the chart below – attach additional page if necessary)*

Medication	Date started	Reason for taking it	When it is given	Amount/dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

Identify any medications taken during the school year that camper may not or does not take during the summer.

Over the Counter Medications

The following non-prescription medications are stocked in Junior and Adult forms by the camp and are used on an as needed basis to manage illness and injury. **Cross out those that the camper should not be given.**

Acetaminophen (Tylenol)
 Antihistamine/allergy medicine (Benadryl and Claritin)
 Calamine lotion
 Hydrocortisone cream
 Triple antibiotic ointment

Ibuprofen (Advil, Motrin)
 Generic cough drops / Throat Spray
 Laxative (Ex-Lax)
 Calcium carbonate (Tums)

Name _____ Birth date _____
 Last First Middle

IMMUNIZATIONS	HEALTH HISTORY
I attest that my child has received all required immunizations needed by school, and they are all up to date. If they are not, I understand and accept the risks to my child from not being fully immunized.	Check if camper has: <input type="checkbox"/> Sleep walking concern <input type="checkbox"/> Epilepsy <input type="checkbox"/> Bedwetting concern <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding/Clotting Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma Inhaler Sent? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Severe allergic reaction Epi-Pen Sent? Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian: _____	
Please indicate the date of your campers most recent Tetanus Booster: Date _____ Not Sure <input type="checkbox"/>	Additional explanation of above if necessary
Please tell us of any current physical, mental, or psychological conditions that would require restrictions or special attention to any activities while at camp	



Can the camper swim? Yes No

The Ohio Conference Outdoor Ministries highly recommends that a camper receive a medical evaluation before attending camp.

Health Care Recommendations by Licensed Medical Personnel

I examined this individual on _____. A new exam is not necessarily required for camp attendance.

BP		Weight		Height	
In my opinion the above applicant <input type="checkbox"/> is <input type="checkbox"/> is not able to participate in an active camp program. The applicant is under the care of a physician for the following conditions:					

Recommendations and Restrictions at Camp

Treatment/Medications to be continued at Camp (name, dosage, frequency):
Any medically-prescribed meal plan or dietary restrictions:
Description of any limitation or restriction on camp activities:
Additional information for health care staff at the camp:

Signature of Licensed Medical Personnel: _____
Printed _____ Title _____
Address _____
Phone _____ Date _____

For Camp Use Only

Initial screening by _____ Date _____ Time: _____ am / pm

Screening has been conducted according to camp protocol and significant findings noted as follows:

- | | | |
|---|------------------------------|-----------------------------|
| Any signs/symptoms of illness or injury upon arrival? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any signs/symptoms of head lice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| History of exposure to communicable disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Additions or corrections to information on this health history? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medication given to healthcare staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Notes: _____

Participant Agreement

Outdoor Ministries has informed me that this program is not without risks. Certain risks are inherent in outdoor programs and cannot be eliminated. The Ohio Conference UCC Outdoor Ministries program is quite active, mainly taking place out of doors, and due to the setting and activities some risk is involved. Although it is impossible to foresee all risks, some risks include tripping, falling, sunburn, hot/cold temperature extremes, poison ivy, fire-centered activities, low ropes initiatives, scrapes, bruises, bites, stings, blisters, and getting lost. The camp facility has bodies of water on it to include lakes, ponds, and streams and, although participants are not allowed near them without supervision, the water's presence does present the risk of drowning. Motor vehicle accidents may occur in the course of transporting camp participants to/from other locations or in an emergency. The participation of the person described herein ("**camper**") is completely voluntary, and I agree for the **camper** to participate in spite of the risks. I agree to assume responsibility for the risks identified herein and those risks not specifically identified.


I agree that the **camper** is fully capable of participating in this program. Therefore, I assume and accept full responsibility for the **camper's** bodily injury, death, loss of personal property, and also loss or damage to any camp property and any expenses as a result of those inherent risks identified herein and those inherent risks not specifically identified, and as a result of the **camper's** participation in this program. I understand and am aware that participation in the Ohio Conference UCC Outdoor Ministries program by the **camper** will include many physical activities and the potential for accidents does exist. I agree that my private health insurance will be utilized as the primary health insurance coverage in the event of an accidental injury. I understand the possible risks associated with an outdoor program, assume these risks for the **camper** and hold blameless Outdoor Ministries of the Ohio Conference UCC, any affiliated persons or entities, and all of its employees and associates. I further agree that should the **camper** become ill or injured or demonstrate, in the judgment of Outdoor Ministries, repeated or severely inappropriate or unsafe behavior, I, or someone representing me, will remove and transport the **camper** home.


Outdoor Ministries of the Ohio Conference UCC has my permission to use any pictures or videos that include the **camper** participating in the program, or any written materials that the **camper** writes about the program, for promotional purposes including use in online social media or websites. If we do not have your permission to use the above mentioned items in the manner described, please initial here: _____

I have carefully read and clearly understand what is written above. I accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon all heirs, assigns, personal representative estate, and myself and for all members of my family, including minor children.

Printed name of camper

Printed name of parent/guardian (if applicable)

 _____
Signature of camper

 _____
Signature of parent/guardian (if applicable)

Date of Signatures _____