For Office Use

Health History Form for Children, Youth and Adults Attending Camps

Dates of Camp Attendance _____

Mail to

Camp Tuckabatchee
1973 N. 35th Rd
Ottawa, IL 61350

Year

Session or Group

Name:

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Name: _____ Birth date _____ Age at camp _____
Last First Middle

Home address: _____
Street Address City State Zip

_____ Gender: ☐ Male ☐ Female

Custodial parent/guardian _____ Phone _____

Home address: _____
(if different from above) Street Address City State Zip

Business address: _____ Phone _____
Street Address City State Zip

Second parent or guardian or emergency contact _____

Address _____ Phone _____
Street Address City State Zip

Business address: _____ Phone _____
Street Address City State Zip

If not available in an emergency, notify _____

Relationship _____ Phone _____

Address _____
Street Address City State Zip

Insurance Information

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

If so, indicate carrier or plan name _____ Group # _____

Important — These boxes must be complete for attendance*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical 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 the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer _____ Date _____

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

ALLERGIES List all known. Describe reaction and management of the reaction.

Medication allergies (list)

_____ _____

_____ _____

Food allergies (list)

_____ _____

_____ _____

Other allergies (list) — include insect stings, hay fever, asthma, animal dander, etc.

_____ _____

_____ _____

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MEDICATIONS BEING TAKEN

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 person **takes NO medications** on a routine basis. OR ☐ This person **takes medications** as follows:

Med #1 _____ Dosage_____Specific times taken each day_____

Reason for taking _____

Med #2_____ Dosage _____Specific times taken each day_____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer _____

_____

RESTRICTIONS (The following restrictions apply to this individual.)

Does not eat: ☐ Redmeat ☐ Pork ☐ Dairy products ☐ Poultry ☐ Seafood ☐ Eggs ☐ Other (describe)_____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)_____

_____

_____

GENERAL QUESTIONS (Explain "yes" answers below.)

Has/does the participant:	Yes	No
1. Had any recent injury, illness or infectious disease?	☐	☐
2. Have a chronic or recurring illness/condition?	☐	☐
3. Ever been hospitalized?	☐	☐
4. Ever had surgery?	☐	☐
5. Have frequent headaches?	☐	☐
6. Ever had a head injury?	☐	☐
7. Ever been knocked unconscious?	☐	☐
8. Wear glasses, contacts or protective eye wear?	☐	☐
9. Ever had frequent ear infections?	☐	☐
10. Ever passed out during or after exercise?	☐	☐
11. Ever been dizzy during or after exercise?	☐	☐
12. Ever had seizures?	☐	☐
13. Ever had chest pain during or after exercise?	☐	☐
14. Ever had high blood pressure?	☐	☐
15. Ever been diagnosed with a heart murmur?	☐	☐
16. Ever had back problems?	☐	☐
17. Ever had problems with joints (e.g., knees, ankles)?	☐	☐
18. Have an orthodontic appliance being brought to camp?	☐	☐
19. Have any skin problems (e.g., itching, rash, acne)?	☐	☐
20. Have diabetes?	☐	☐
21. Have asthma?	☐	☐
22. Had mononucleosis in the past 12 months?	☐	☐
23. Had problems with diarrhea/constipation?	☐	☐
24. Have problems with sleepwalking?	☐	☐
25. If female, have an abnormal menstrual history?	☐	☐
26. Have a history of bed-wetting?	☐	☐
27. Ever had an eating disorder?	☐	☐
28. Ever had emotional difficulties for which professional help was sought?	☐	☐

Please explain any "yes" answers, noting the number of the questions. _____

_____

Which of the following has the participant had?

- ☐ Measles
- ☐ Chicken pox
- ☐ German measles
- ☐ Mumps
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C

TB Mantoux Test

Date of last test _____

Result: ☐ Positive ☐ Negative

Please give all dates of immunization for:

Vaccine:	Dates: Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP						
TD (tetanus/diphtheria)						
Tetanus						
Polio						
MMR						
or Measles						
or Mumps						
or Rubella						
Haemophilus influenza B						
Hepatitis B						
Varicella (chicken pox)						

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware. _____

_____

_____

Name of family physician _____Phone_____

Address _____

Name of family dentist/othodontist _____Phone_____

Address _____

Camp Tuckabatchee Inc.
- Permission Form -

- **This form is required to attend Camp Tuckabatchee Inc.**
- I do hereby authorize the Camp Health Care Staff or Camp Director to provide or secure necessary emergency treatment for my child should the need arise. I understand that my personal health insurance is primary and I am responsible for medical expenses. Camp Tuckabatchee Inc. holds secondary coverage for campers.
- I hereby give permission for Camp Tuckabatchee Inc. to administer the following over the counter medications if the Health Care Staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.
- Headache - Tylenol / Ibuprofen, Upset Stomach - Bismuth Liquid, Diarrhea - Bismuth Liquid, Menstrual Cramps - Midol - Pamprin, Poison Ivy — Benadryl Gel. Some Name Brands, Some Store Brands
- **All medication including over the counter medication must be checked in with the Health Care Staff upon arrival at camp.**
- I am fully aware of the activities at camp and give my permission for my child to participate.
- I give my permission for out of camp travel that is a part of the program. Canoe Trips, Tubing, Overnight Campouts, Teen Travel trips
- I give my permission to photograph my child and for photos to be used for camp publicity purposes.
- I hereby give permission for Camp Tuckabatchee Director to search my campers belongings with him / her present when the health, well-being, or safety of the camper or others require it.
- I will not hold Camp Tuckabatchee Inc. responsible for any lost or damaged personal possession.

_____ _____
Parent/Guardian Date

Dismissal Clause

I, _____ as parent/legal guardian of _____(camper name)

authorize my child to participate in camp programs. I understand that in order to provide a safe and cooperative group experience, a child may be dismissed from the program for reasons including behavior, illness/injury or homesickness.

- Parents are encouraged to contact Camp Tuckabatchee office for more information about the program or to tour the camp.
- In the event it is deemed necessary for my child to be dismissed from camp, I understand that I, or one of my emergency contacts is responsible for transportation of my child upon notification of dismissal. Failure to comply may result in notification and involvement of child protection or other legal authorities.
- Camp Tuckabatchee reserves the right to refuse re-admittance based upon previous dismissal due to behavior.

Camp Rules

- We do not have a lot of rules at camp. Camp is a place to have fun and make new friends. Our program is designed to keep campers safe from harm and busy.

No Pocket Knives
No cell phones, electronic games, Ipods.
No food, candy or pop can be brought from home.
Possession of cigarettes - alcohol - illegal drugs is prohibited and will be grounds for removal from camp.
If a camper's behavior interferes with our program, this will be grounds for removal from camp.'If ifs not in our brochure we don't do it'.

_____ _____
Parent/Guardian Date

_____ _____
Camper Date