

# Health History Form & Authorization to Treat for children attending Camp de Benneville Pines

The information on this form is gathered to assist us in identifying care your child may need while at camp. Please provide complete information so that we can be aware of your campers needs.

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address City ST Zip

Custodial Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

Will you be out of town while your child is at camp? Y / N

Additional Parent/Guardian or Emergency Contact (Required) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

If not available in an emergency, notify: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Business phone \_\_\_\_\_

**Insurance Information** Is camper covered by family medical/hospital insurance? YES / NO

If yes, carrier or group name \_\_\_\_\_ Group# \_\_\_\_\_

**Please attach photocopy of health insurance card (front & back) and immunization record or waiver to this form**

## IMPORTANT - These boxes must be complete for attendance \*

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know. The camper 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 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 child named above. This complete form may be photocopied for trips out of camp.

Signature of parent/guardian \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of minor \_\_\_\_\_ Date \_\_\_\_\_

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

**Restrictions** (the following restrictions apply to this individual - circle items that apply)

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other (describe) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Allergies** - List all known

Describe reaction and usual management of reaction

Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foods: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: (include insect stings, hay fever, asthma, animal dander, etc)

**If your child requires an epi pen to be close at all times, please be sure to send one to camp**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Camp Dates

Cabin

Camper Name

**Medications being taken**

Please list ALL medications (including over-the-counter or non-prescription 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.

Circle one:        the camper **takes NO medications** on a routine basis                    the camper **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

**General Questions** (explain "yes" answers below)

Has/does the camper:

- |  |   |
|--|---|
| 1. Had any recent injury, illness or infectious disease? ..... Y / N | 16. Ever had a back problem? ..... Y / N  |
| 2. Have a chronic or recurring illness/condition? ..... Y / N        | 17. Ever had problems with joints (e.g. knees, ankles)? ..... Y / N                     |
| 3. Ever been hospitalized? ..... Y / N                               | 18. Have an orthotic appliance being brought to camp? ..... Y / N                       |
| 4. Ever had surgery? ..... Y / N                                     | 19. Have any skin problems (e.g. itching, rash, acne)? ..... Y / N                      |
| 5. Have frequent headaches? ..... Y / N                              | 20. Have diabetes? ..... Y / N  |
| 6. Ever had a head injury? ..... Y / N                               | 21. Have asthma? ..... Y / N  |
| 7. Ever been knocked unconscious? ..... Y / N                        | 22. Had mononucleosis in the past 12 months? ..... Y / N                                |
| 8. Wear glasses, contacts or protective eyewear? ..... Y / N         | 23. Had problems with diarrhea/constipation? ..... Y / N                                |
| 9. Ever had frequent ear infections? ..... Y / N                     | 24. Have problems with sleepwalking? ..... Y / N  |
| 10. Ever passed out during or after exercise? ..... Y / N            | 25. If female, have an abnormal menstrual history? ..... Y / N                          |
| 11. Ever been dizzy during or after exercise? ..... Y / N            | 26. Have a history of bed-wetting? ..... Y / N  |
| 12. Ever had seizures? ..... Y / N                                   | 27. Ever had an eating disorder? ..... Y / N  |
| 13. Ever had chest pain during or after exercise? ..... Y / N        | 28. Ever had emotional difficulties for which professional help was sought? ..... Y / N |
| 14. Ever had high blood pressure? ..... Y / N                        | 29. Waived or missed any scheduled immunizations? ..... Y / N                           |
| 15. Ever been diagnosed with a heart murmur? ..... Y / N             |   |

Please explain any "yes" answers, noting the number of the questions: \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of family dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Use this space to provide any additional information you believe the camp staff should be aware of regarding the campers behavior and physical, emotional, or mental health: \_\_\_\_\_

**Authorization to Treat During Transportation/Carpooling to Camp**

**Permission Form:**

My child/ward has permission to travel to and from Camp de Benneville Pines near Angelus Oaks, California. I understand that the camp is not responsible for the safety of my child until my child has been properly checked in at the time of registration. Furthermore, once my child checks out of camp on the final day, the camp is no longer responsible for the safety of my child. Unless otherwise contacted by me, my child has permission to carpool to and from camp with the following adults (**please include names of all adults permitted to pick your child up from camp, including parents**):

Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Authorization to Treat:**

I hereby give permission to the medical personnel selected by my child/ward's driver to order x-rays, routine tests and treatment for my child/ward; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the driver of my child/ward to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child/ward named above. This form may be photocopied. I recognize that neither de Benneville Pines, Inc., nor the Pacific Southwest District of the Unitarian Universalist Association is responsible for persons car pooling to or from camp.

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

*During the times my child will be transported to and from camp, you should be able to reach me:*

To Camp - Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

From Camp - Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_