

Health History Form
Children/Youth Campers
Camp & Retreat Ministries
Oregon-Idaho Conference

Dates of Camp Attendance _____

Name of Camp or Event _____

Site: Latgawa Magruder Suttle Lake Sawtooth Wallowa Lake

This completed form (front & back) should be sent in to the camp at least 10 days prior to your arrival so that the camp staff can be aware of your needs. Attach additional pages if needed. Any changes to this form should be provided to camp health personnel *in writing* upon participant's arrival in camp.

Mail this form to the **camp** at least 10 days before the first day of camp.

Camper's Name _____ Birthdate _____
Last First Middle Init.

Address _____ Gender: (circle one) **Male** **Female**
City _____ State _____ Zip _____

Parent/Guardian Name(s): _____

Phone (_____) _____ Work/Other phone (_____) _____
Address (if different) _____ City _____ State _____ Zip _____

If parent not available in emergency, notify: _____

Address _____ Phone (_____) _____
City _____ State _____ Zip _____ Relationship to Camper _____

Does camper have any known allergies? Yes No

Allergies to medications: _____

Food allergies: _____

Other Allergies : _____

List any dietary restrictions: _____

Health History: (Check any that apply)

Epilepsy or seizures Frequent ear infections Menstrual problems Asthma
 Frequent sore throats Headaches Bed-wetting Heart disease
 Back pain or strain Alcohol/drug addiction Attention Deficit Disorder Diabetes
 Other: _____

Pertinent past medical treatment: _____

Is camper presently taking or using any type of medication(s) or drug(s)? Yes No

If yes, Specify and complete med report on reverse side: _____

Is the camper current on all immunizations needed for school? Yes No

Date of Last Tetanus shot: _____ Blood Type _____ (if known)

Does the camper have a health condition (e.g. allergies, chronic conditions) or special circumstances which may affect program participation, special housing need, or anything we ought to know prior to emergency treatment? Yes No

If yes, please explain: _____

Family Medical Insurance: Yes No Name of Insured: _____

Carrier: _____ Group # _____ Policy # _____

Name of family physician _____ Phone (_____) _____

Parent/Guardian Authorization:

My child has permission to take part in all camp activities under supervision unless limitations are noted above, and I agree that the camp or camp personnel will not be held responsible for accidents arising there from. 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 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 person named above. This completed health form may be photocopied for trips out of camp.

Signature of parent/guardian _____ Date _____

Please complete the other side of this form.

Permission to Administer Medications

Camp & Retreat Ministries

Camp Latgawa, Camp Magruder, Sawtooth Camp, Suttle Lake Camp & Wallowa Lake Camp

I, the parent or guardian of _____ give my permission to the camp Health Care Provider or his/her designate to give the following medications (or their generic equivalents) to my child, in accordance with recommended package dosing for the specific indications below. These medications are available at camps and need not be brought by participants.

	Yes	No		Yes	No
Tylenol: <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>	Benadryl: <i>Allergy symptoms</i>	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen: <i>Mild fever or discomforts</i>	<input type="checkbox"/>	<input type="checkbox"/>	Antacid: <i>Upset stomach</i>	<input type="checkbox"/>	<input type="checkbox"/>
Throat Lozenges: <i>Cough/sore throat</i>	<input type="checkbox"/>	<input type="checkbox"/>	Anti-diarrheal: <i>For diarrhea</i>	<input type="checkbox"/>	<input type="checkbox"/>
Topical Creams: <i>Itching, sunburn, or insect bites</i>	<input type="checkbox"/>	<input type="checkbox"/>			
Permission to follow recommendations by Oregon Poison Control or Idaho Poison Control.	<input type="checkbox"/>	<input type="checkbox"/>			

Signature of parent/guardian: _____ **Date** _____

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.

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Attach additional page for more medications.

All medications brought to camp must be in the original containers.

NOTE: The camp personnel will notify you if your child displays the following symptoms:

- Any illness that persists longer than 24 hours; including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, severe tiredness.
- Any injury that causes severe prolonged pain, discolorization and/or swelling.
- Any condition that cannot be sufficiently treated by camp personnel.
- Any condition requiring transport to other medical services.

Upon camper check-in:

Health History Form Verified _____ by _____
Date Initials

Health History Form Updated _____ by _____
Date Initials