## Barshop JCC Summer Camp Health Form

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.

1	1	•					
Camper Name:			th Date:	Grad	le This Fall:		
Last Home Address:	First M.	liddle	Home Phone:				
Comp Name(s):				Gender: □ Ma	olo 🗆 Fomolo		
Camp Name(s):				Gender: U Ma	ne d remaie		
Parent/Guardian Name:			Cell Pho	ne:			
Home Address:							
Street Email:	City	State	Zlp				
Elliuli.							
Business Address:  Street	City	State	Zlp	Work Phone:			
Second Parent/Guardian:			Cell Pho	ne:			
Home Address:							
Street	City	State	Zlp				
Email:							
Business Address:				Work Phone:			
Street Emergency Contact Name:	City	Stat Rel	te ZIp ationship:				
Cell Phone:	Work Phone:		ne Phone:				
	work Phone:	ПОІ	ne Phone:				
Address: Street		City		State	Zlp		
Insurance Information: Is the participant co	overed by family medical/hospi	•	No	Ciaio	_,~		
If so, carrier or plan name:			Group #	••			
in 50, currier or plan name.			огоир н	•			
♦Photocopy of front & back of health ins	urance card must be attach	ed to this form.					
Importan	t - These boxes mus	t he complete fo	r attanda	nco			
iiiportaii	t - These boxes mus	st be complete it	n attenue	IIICE			
Parent/Guardian Authorizations: This h	nealth history is correct and	release of any records	s necessary fo	or treatment, r	eferral, billing, o		
complete as far as I know, and the perso		insurance purposes.					
mission to engage in all camp activities	except as noted.	essary related transpo					
I hereby give permission to the camp to	provide routine health care,	be reached in an eme		,	- '		
administer prescribed medications, and seek emergency medical		cian selected by the camp to secure and administer treatment, including hospitalization, for the person named above. The com-					
treatment including ordering x-rays or	outine tests. I agree to the	pleted form may be p	hotocopied fo	or trips out of	camp.		
Signature of parent or guardian or adul	t camper/staff:						
Printed name:				Date:			
I also understand and agree to abide by		y participation in camp	activities.				
Signature of minor or adult camper/sta	<u>ff:</u>			Da	ate:		
Allergies: List all known	Describe reaction and man	agement of the reaction					
(Attach additional sheets as needed)							
Medical Allergies (list)							
Food Alloraios (list)							
Food Allergies (list)							
Other allergies (list - include insect stings, h		ar etc)					
Center direct gles (list include lisect stillys, li	ay rever, ascimia, aminai danut	-1, -10./					

## **MEDICATIONS BEING TAKEN:**

Address:

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely even if it will not be administered during the camp day. 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.

during the camp day. Bring enough medication to las  This person takes NO medications on a routine						f adminis	tration.		
•		-	fic times tak						
		орес	ne thires tak	en caen ac	.,				
Reason for taking									_
Med #2 Dosage	Specific times taken each day								
Reason for taking									_
Attach additional pages for more medications. Iden	ntify any medic	cations take	n during the	school ye	ar that pai	ticipant d	oes/may 1	not	
take during the summer:									_
GENERAL QUESTIONS: (Explain "yes" answers below) Has/does the participant: 1. Had any recent injury, illness or infectious disease?	Yes N □ □		er had back p	rohlems?				Yes	No
Have any chronic or recurring illness/condition?		17. Ev	er had proble	ms with joi	nts (e.g. kn	ees, ankles	)?		
3. Ever been hospitalized?		] 18. Ha	ve an orthodo	ontic applia	nce being l	rought to	camp?	🗆	
4. Ever had surgery?			ve any skin p						
5. Have frequent headaches? 6. Ever had a head injury?			ive diabetes? ive asthma?						
7. Ever been knocked unconscious?			ive astillia : id mononucle						
8. Wear glasses, contacts or protective eyewear?		23. Ha	id problems v	vith diarrhe	a/constipa	tion?			
9. Ever had frequent ear infections?		24. Ha	ive problems	with sleep	eepwalking?			🗆	
10. Ever passed out during or after exercise?			female, have						
11. Ever been dizzy during or after exercise?		26. Ha	ive a history	of bed-wet	etting?			📙	
12. Ever had seizures?		່ 27. Ev	er had an eat	ing disorde	ler? Ilties for which professio			Ц	
14. Ever had high blood pressure?			er nau emoti In was sough	nau emotional umcun vas sought?			ionai	П	
15. Ever been diagnosed with a heart murmur?	□ □ help was sought?							🗀 - L	
Any camp activity from which the camper should be ex									
Which of the following has the participant had? ☐ Measles	Please give all Vaccine:	Dates:	_		Mo/Yr	Mo/Yr	Mo/Yr	Мо	/Yr
☐ Chicken pox	DTP							_	
□ German measels □ Mumps									
□ Hepatitis A	Tetanus								
□ Hepatitis B	Polio								
□ Hepatitis C			-	_			_		
TD Manufacture To al	MMR								
TB Mantoux Test Date of last test	or Measles				-				
	or Mumps								
Result 🗅 Positive 🗅 Negative	or Rubella				-				
TCOMO	Haemophilius Influenza B								
GELVLE	Hepatitus B								
	·								
BARSHOP JCC SUMMER CAMP	Varicella (chic	ken pox)			-				
lice this space (or attach additional sheets) to provide	any additional i	information	about the na	rticinant's	hohavier a	nd physics	l amatian	21.00	
Use this space (or attach additional sheets) to provide	any additional i	iiiioi iiiatioii	about the pa	i ticipalit s	Deliavioi a	ilu pilysica	i, eiliotioli	ai vi	
mental health about which the camp should be aware :									
Name of family physician:			F	hone:					
Address:									