

Camp Pattersonville Health Form

This form is an essential part of your child's registration and must be **completed and returned** at least 2 weeks prior to the camper's first week of attendance.

Mail to: Mrs. Lauri Gordon
120 Short Road, Sharon Springs, NY 13459-3208

For Camp Use Only:		
	Year _____	# Yrs. coming to Camp _____
	<u>Cabin</u>	<u>Counselor</u> <u>Temperature</u>
1 st Wk Attend	_____	_____
2 nd Wk Attend	_____	_____
3 rd Wk Attend	_____	_____

Camper's Name _____ Birth date ____/____/____ Age at Camp _____
(last) (first)

Address _____
(Street Address) (City) (State) (Zip+4)

Father's Name _____ Mother's Name _____
(last) (first) (last) (first)

If camper lives with anyone other than both parents, list name and relationship here

Daytime Phone # _____ Nighttime Phone # _____

Cell Phone # _____ Other # _____

Social Security # _____ Gender (circle): Male Female Grade in September _____

School attending _____

NOTE: Camp Pattersonville has a blocked number. Please remove all blocking and answer all calls while your child is at camp.

Secondary/Emergency Contact (REQUIRED) Name _____ Relationship _____

Address _____
(Street Address) (City) (State) (Zip+4)

Daytime Phone # _____ Nighttime Phone # _____ Cell Phone # _____

Physician/Insurance Information

Physician's Name _____ Phone # _____
Medical Insurance Co. _____ Policy # _____
Policy holder _____

Allergies List all known Describe reaction and management of the reaction

Medication allergies (list)

Food allergies (list) – **Do Not** include foods your child just "does not like to eat".

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

Medical Treatment Statement:

I hereby give permission to the medical personnel at camp, selected by the Camp Pattersonville Board of Directors, to provide routine health care and treatment; to administer medications; to release records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above. This form may be photocopied for trips out of camp.

I have read the enclosed information, including the "Rules and Guidelines" paper, and understand that my child will participate in some or all of the following activities:

- Hiking
- Swimming
- Fire building
- Cookouts
- Arts/Crafts
- Camp Photos
- Field games
- Ball games
- Model rocketry
- Drama
- Singing
- Candle making
- (Senecas and Apaches only)
- Small pond canoeing
- Off-site overnight and hike
- Archery

Parent/Guardian Signature _____

Date _____

Medications

All prescription medications must be given to the camp nurse at registration. Medications **must be in original container, labeled with child's name and accompanied by written instructions from physician stating reason for administration and dosage.** Camp Health Staff will not administer any medication that does not meet the above requirements.

MEDICATION	DOSAGE	TIMES	REASON GIVEN

Medical History

HAS (OR DOES) THIS CAMPER	YES	NO	HAS (OR DOES) THIS CAMPER	YES	NO
1. had any recent injury, illness, or infectious disease?			6. had frequent ear infections or swimmer's ear?		
2. have chronic or recurring illness/conditions?			7. have skin problems (e.g. rash, acne, psoriasis)?		
3. have frequent headaches or head injury?			8. have diabetes, kidney problems or seizures?		
4. wear glasses, contacts, or protective eyewear?			9. have asthma?		
5. (female) been informed about menstruation? have an abnormal menstrual history?			10. have problems with sleepwalking or bed-wetting?		

Explain any "yes" answers, noting the Question Number _____

List concerns you have regarding emotional/behavioral/social/learning problems and list successful behavior management methods.

Further Comments _____

Immunizations: List month & year of most recent dosage for the following immunizations (If child contracted disease, list month & year):

Immunization	DPT	MMR	Polio	Hepatitis B	Chicken Pox	Tetanus Booster	HIB (Haemophilus Influenza type B)
Last Date: (most recent date)							

To be completed by Physician, Nurse Practitioner, or Physician's Assistant
AUTHORIZATION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION

These medications are stock items in the Health Center; camper does not need to bring them. Check the medications and indicate the dosage that you will authorize camp personnel to administer to your child if the need arises.

	✓	Dosage		✓	Dosage
Allergic Reaction to Bee Stings w/Respiratory Distress Diphenhydramine hydrochloride (i.e., Benadryl)			Cough Medication Cough Drops		
			Dextromethorphan (i.e., Robitussin)		
Analgesics Acetaminophen (i.e., Tylenol)			Gastro-Intestinal Calcium Carbonate (i.e., Tums)		
Ibuprofen			Other antacid (i.e., Maalox / Tums)		
Antihistamine/Decongestant Diphenhydramine hydrochloride (i.e., Benadryl)			Bulk-producing laxative (i.e., Metamucil)		
Pseudoephedrine (decongestant)			Otic Acetic acid (antiseptic, i.e., Vosol Ear Drops)		

 (Printed Name of Authorized Health Practitioner) (Signature of Authorized Health Practitioner)(Date)

Health Form Instructions

As you complete your camper's Health Form, please make reference to this instruction sheet. It is essential that **ALL** sections of the form be completed. If the section does not pertain to your child, please mark it with a N/A (not applicable) so that it is clear that you have not overlooked something.

The health form is used to ensure that proper medical attention can be given to your child if the need arises. It is designed so all relevant medical information is on the front side and easily accessible in an emergency. Thus, it is imperative that you complete all sections accurately.

Page 1

- General Camper information – page 1

Make sure addresses and phone numbers are up to date, **especially on your Emergency Contact Information**. Camper Social Security number is required by some medical insurance companies and hospitals to identify patient. Physician/Insurance Information: Without this information, medical attention may be delayed at the hospital.

IMPORTANT: If there is a restraining order against a family member, please provide a copy for our records. Also, if you expect someone else to pick up your child at the end of camp, please inform us at Registration.

- Allergy Information – page 1

Please list **ALL** allergies your child may have (food or environmental), the reaction that could be expected if your child comes into contact with said allergen, and any medication that should be given, or medical attention that would be needed. This will assist with timely medical attention if your child has an allergic reaction. **Do Not** include food items that your child just does not like to eat.

- Permission to Provide Necessary Medical Treatment or Emergency Care – page 1

This is a legal document that allows Camp Pattersonville staff and counselors to seek medical attention for your child, if needed. You will be contacted in the case of an emergency. However, we do not want to delay medical services while we wait for you to reach the hospital. The two local hospitals, Ellis and St. Clare's, are about a 20 minutes drive from camp. Some children have special medical concerns and need a specific hospital. If this is the case with your child, please indicate your desired hospital. To speed registration, **please sign the *Medical Treatment Statement* before sending the form back to camp.**

- Recognition of Camp Pattersonville's rules – page 1

Your signature on the *Medical Treatment Statement* also indicates that you have read the enclosed information about the camp's rules and activities.

Page 2

- Medications – page 2

Please list all medications, and their doses your child will be receiving during his/her week at camp. If your child is put on different or new medication, please be sure that we get that information so that we may update the form for camp use.

- Medical History – page 2

This section provides a brief medical history of your child and any concerns of which the staff of Camp Pattersonville should be made aware.

- Immunizations – page 2

List only the **most recent** dates of all the shots indicated that your child has received. (Transfer information from your records to this sheet; please **Do not** include a separate copy of your child's immunization records.) If you do not have records of the immunizations, you may wish to contact your child's school or doctor.

- Over-the-counter Medications – Page 2

This **must be signed by a physician, physician assistant, or nurse practitioner** in order for your camper to receive any over-the-counter medications that we have in stock in our Health Center.

If you have any questions, please call the Registrar at (518) 284-3224. If your child requires a special diet please contact the Registrar to make arrangements.

Remember: You need to return the health form to the registrar at least two weeks prior to attending Camp Pattersonville.