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**.

> **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.

- Medical Treatment Statement – 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. Mary's, are each about a 20-minute 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 – (on the back of How to Help Them Have a Great Week, separate page enclosed)
  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 the 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, complete with practitioner's signature, 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
  Please attach a 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 child 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, Sandy Milkins, at (518) 836-9385. 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 <u>at least two weeks</u> prior to attending Camp Pattersonville.

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: Sandy Milkins
217-16th Street
Schenectady, NY 12306

For Camp Use Only:

Year___________
Yrs. coming to Camp_______

	Cabin	Counselor	Temperature
1st Wk Attend	____________	______________	________
2nd Wk Attend	____________	______________	________
3rd 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 # ______________________________

Gender (circle): Male Female Grade in September ____________

School attending ____

On occasion, we may wish to include photographs or the voice of your child(ren) in promotional materials, on our website, on our Facebook page, on other online advertising, in the newspaper, or on radio or television. Please sign below to give us permission to print a photo or use the voice of your child(ren):
I/we understand that my/our child's likeness or voice may be photographed or taped in the course of camp activities. I/we hereby give consent for the camp to use my/our child's likeness or voice in promotional and/or advertising materials or activities.

______________________________________ **(Parent/Guardian's Signature)**

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, crafts, games, drama, candle making, model rocketry, canoeing, off-site overnight, and archery.

______________________________ ____________________
Parent/Guardian Signature Date

Camper's Name ______________________________
(last) (first)

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: Attach a copy of your child's immunizations. It must include DPT, MMR, Polio, Hepatitis B, Chicken Pox, Tetanus Booster, and HIB (Haemophilus Influenza type B)

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 this child if the need arises.

Camper's Current Weight
lbs.

	✓	Dosage
Allergic Reaction to Bee Stings w/Respiratory Distress		
Diphenhydramine hydrochloride (i.e., Benadryl)		
Analgesics		
Acetaminophen (i.e., Tylenol)		
Ibuprofen		
Antihistamine/Decongestant		
Diphenhydramine hydrochloride (i.e., Benadryl)		
Pseudoephedrine (decongestant)		
Cough Medication		
Cough Drops		
Dextromethorphan (i.e., Robitussin)		
Otic		
Acetic acid (antiseptic, i.e., Vosol Ear Drops)		
Debrox Ear Drops		
Isopropyl Alcohol 95% in an anhydrous glycerin drops (i.e. Auro-dri)		

	✓	Dosage
Gastro-Intestinal		
Calcium Carbonate/ Antacid (i.e., Tums)		
Other antacid (i.e., Maalox / Tums)		
Bulk-producing laxative (i.e, Metamucil)		
OTC Stool Softener		
Pepcid		
Prilosec		
Anti-diarrheal Medication (i.e. Pepto Bismol)		
Stimulant Laxative (i.e. Ex Lax)		
Skin		
OTC Steroid Cream		
Itch Relief Cream		
Burn Relief Gel		
Antifungal Cream (i.e. Lotrimin)		
Optic		
Artificial Tear Drops		
Visine		

Prescription Medications

All prescription medications must be given to the camp Health Director 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

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

(Without Health Practitioner signature, we cannot administer any over-the-counter medications)