

Camp Pattersonville Staff Health Form

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

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

Social Security # _____ Gender (circle): Male Female

Father's Name _____
(last) (first)

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

Mother's Name _____
(last) (first)

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

NOTE: Camp Pattersonville has a blocked number. Please inform parents and/or emergency contacts to remove all blocking and answer all calls while at camp.

→ **Secondary/Emergency Contact (REQUIRED)** Name _____ Relationship _____
 Address _____
(Street Address) (City) (State) (Zip)

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 you just "do not like to eat".

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

Medical Treatment Statement:

I give permission to the medical personnel at camp, selected by the Camp Pattersonville Board of Directors, to provide me routine health care and treatment; to administer medications; to release records necessary for insurance purposes; and to provide or arrange necessary related transportation. In the event that I am incapacitated, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for me. 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 I will participate in the following activities:

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

 Signature

 Date

Medications

All prescription medications must be given to the camp health director at registration. Medications **must be in the original container that is labeled with the staff member's name. They must be accompanied by written instructions and signature from an authorized health practitioner stating the reason for administration and dosage.** The authorized health practitioner may complete and sign the table below or provide a separate sheet with that information. 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)

Medical History

HAS (OR DOES) THIS STAFF MEMBER		YES	NO	HAS (OR DOES) THIS STAFF MEMBER		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) have an abnormal menstrual history?			10.	have problems with sleepwalking		

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

Immunizations: Attach a copy of your immunization record. It must include DPT, MMR, Polio, Hepatitis B, Chicken Pox, Tetanus Booster, and HIB (Haemophilus Influenzae type B)

NOTE: If you are 18 years of age or older, you may complete the following section yourself, and you do not need the signature of a medical professional.

To be completed by Physician, Nurse Practitioner, or Physician's Assistant if staff member is a minor.

AUTHORIZATION FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION

These medications are stock items in the Health Center; you do not need to bring them. Check the medications and indicate the dosage that you will authorize camp personnel to administer to you 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)		

If you are under the age of 18, an Authorized Health Practitioner must sign below.

 (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 you, 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 you 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 information – page 1
Make sure addresses and phone numbers are up to date, **especially on your Emergency Contact Information**. 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.

- Allergy Information – page 1
Please list **ALL** allergies you may have (food or environmental), the reaction that could be expected if you 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 you has an allergic reaction. **Do Not** include food items that you 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 you, if needed. Some people have special medical concerns and need a specific hospital. If this is the case with you, please indicate your desired hospital.
- 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 you will be receiving during camp.
- Medical History – page 2
This section provides a brief medical history of you 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 you have received. (Transfer information from your records to this sheet; please **Do not** include a separate copy of your immunization records.)
If you do not have records of the immunizations, you may wish to contact your school or doctor.
- Over-the-counter Medications – Page 2
If you are under the age of 18, this must be signed by a physician, physician assistant, or nurse practitioner in order for you to receive any over-the-counter medications that we have in stock in our Health Center. If you are 18 years old or older, you may fill out the chart yourself, and you do not need the signature of a health professional.

If you have any questions, please call the Health Director, Tammy Mills at (518) 248-2228.