

CAMP NUHOP HEALTH FORM

Name _____
Last First Middle Initial

Birth Date _____ Sex _____ Age _____

Parent, Guardian, Spouse _____ Phone _____ Cell _____

Home Address _____
Street and Number City State Zip

If not available in an emergency notify:

1. _____ Phone _____ Cell _____
Name

Street and Number City State Zip
2. _____ Phone _____ Cell _____
Name

Street and Number City State Zip

IMMUNIZATION HISTORY (Immunizations must be up to date!)

Attach a copy of your child's immunization record (children will not be accepted to the program without this). If a date is not supplied for a current Tetanus Booster please initial this statement:

In case of an emergency, the attending physician may administer a tetanus booster. _____

HEALTH HISTORY

Check — Giving Approximate Dates

Allergies

Diseases

Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Ivy Poisoning, etc. _____	Measles _____
Convulsions _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Bed Wetting _____	Other Drugs _____	Asthma _____

Operations or serious injuries(dates) _____

Chronic or recurring illness _____

Other diseases or details of above _____

Name of family physician _____ Phone _____

Do you carry family medical/hospital insurance? _____ If so, indicate:

Carrier: _____ Policy or Group # _____

Has your child been under a physician's care recently? _____ Yes _____ No

If yes, please explain: _____

Please list anything else about your child's health (allergies), which would pertain to his/her welfare

or activity while at camp:

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

<u>YES</u>	<u>NO</u>	<u>PLEASE CHECK</u>
_____	_____	Acetaminophen (e.g. Tylenol) ; headache, fever, aches and pains
_____	_____	Ibuprofen (e.g. Advil) ; headache, aches and pains
_____	_____	Midol ; menstrual cramps
_____	_____	Calamine lotion ; poison ivy
_____	_____	Pepto Bismol ; upset stomach, diarrhea
_____	_____	Kaopectate ; diarrhea (treatment by diet first used)
_____	_____	Milk of Magnesia ; constipation (again, treatment by diet first choice)
_____	_____	Cough Drops ; throat irritation
_____	_____	Benadryl liquid ; liquid and capsules for allergies and insect bites
_____	_____	Peroxide ; minor cuts and scrapes
_____	_____	Gold Bond or Destin Powder ; skin irritation or rashes

Over-the-counter medications such as Tylenol, Ibuprofen or Benadryl are supplied by the health center. Please do not send extras to camp. We do not stock aspirin or products containing aspirin.

Medication Name	Dose	Times	Reason for taking/instructions

(If more space is needed please attach an extra sheet of paper)

Parent/Guardian Authorizations:

The staff of Camp Nuhop has my permission to administer the medications listed above. I understand I am responsible for dividing these medications into single doses and placing them into individually marked envelopes. I am to write the above information on each envelope in order to provide the staff members with an easy and effective method of administering the medications. Bring the original container that the medication is in to check-in to answer any questions about the dosage.

***Please send only the amount of medication required while the child is at camp.**

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the physician selected by the camp director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature

Relationship to Camper

Date