HEALTH FORM

The following information must be filled out COMPLETELY and signed by a parent. Please complete ALL SECTIONS.

Health Record for

(Camper's name) _____ Age _____ Date of birth _____

Medications: Since medications often change, we will not have you list medications at this time. Please bring medications (over-the-counter, herbal, or prescription) taken routinely with current instructions. You will give these medications to the nurse during check-in on the first day of your camp. Bring enough to last the entire time at camp. **You MUST keep medication in the original packaging/bottle that identifies the prescribing physician (if prescription), name of medicine, dosage, & frequency (state law!) or it will not be accepted.** All meds must be given to the nurse.

Health Center Medications: These medications are stocked at Camp Allendale, used to help manage common illness or injury, and dispensed by standing orders signed by Allendale's supervising physician. Some meds are listed as common brand names, though generic may be substituted.

Acetaminophen	Hydrocortisone	Throat Lozenges	Expectorant
Robitussen DM	Tums	Immodium AD	Triple Antibiotic Ointment
Benadryl	Ibuprofen	Milk of Magnesia	

Check one: ____ **It is okay to give any of these meds to this camper**

____ **Do NOT give these meds (from above list):**_____

Medical conditions or history to be aware of and please describe:

***Nothing checked indicates the camper has no medical conditions & is capable of full participation

- ☐ Heart disease _____
- ☐ ADD/ADHD _____
- ☐ Asthma or TB_____
- ☐ Epilepsy _____
- ☐ Active infections_____
- ☐ Hepatitis _____
- ☐ Clotting disorder _____
- ☐ Seizures _____
- ☐ Diabetes _____
- ☐ Other _____

_____

Immunization Record: Has your child received vaccinations required by the state of Indiana for school including: diphtheria, pertussis, tetanus, measles, rubella, poliomyelitis, mumps, hepatitis B, chicken pox, varicella, and meningitis (grades 6-12)? Circle one: YES NO

Date of last tetanus booster? _____

Allergies: Please list any food, medication, insect, or other allergies (not seasonal allergies, pollens, trees, mild reactions to stings, etc.) and describe the **reaction and management of the reaction. Please list only allergies that cause severe stomach or behavioral problems, rashes, hives, or breathing problems.**

Allergy: _____ Reaction _____

Management _____

Allergy: _____ Reaction _____

Management _____

***** If your camper has severe food allergies, please contact our food service manager to provide more specific information at linda@camp-allendale.org**

Optional: Any recent life changes that we should be aware of? (death in the family, divorce, etc.) _____

_____

_____

Insurance Information

Insurance Company Name _____

Group Number _____ Insured's number _____

Insured's Name _____ Insured's date of birth _____

Family Physician _____ Physician's phone _____

I, having the authority to consent for the minor's health care (being a parent or legal guardian), do hereby delegate my authority to consent to said minor's care (named on this card) to Camp Allendale. I grant permission for the caregiver to request and authorize in writing or as otherwise requested by any hospital, or by any physician licensed to practice medicine, any and all examinations, medical treatments, and/or procedures to or for the benefit of the minor, either on or off the premises of the hospital, as may be deemed advisable or appropriate by any physician licensed to practice medicine. I understand however that every effort will be made to contact me in case of such emergency and if possible, before any such medical treatment is administered. My camper's medical information my be shared with appropriate personnel including but not limited to camp staff, program directors, camp nurses, EMS personnel, or other medical personnel as deemed medically necessary. I hereby release Camp Allendale from any responsibility other than normal supervision and care. In case of accident, I will not hold Camp Allendale or its staff members, management, or officers liable unless guilty of negligence. I hereby give permission for any photos or video to be taken during camp to be used for promotional procedures.

_____ _____

PARENT/GUARDIAN **SIGNATURE** Printed PARENT/GUARDIAN **NAME**

Parent or Guardian must sign this health form if someone other than the parent or guardian registered the camper online.