

Medical Insurance Information

Is the camper covered by medical/hospital insurance? yes no If yes, please provide:

Insurance Company: _____ Policy Number: _____

Subscriber Name: _____ Insurance Co. Phone: _____

▶ **To make processing easier you may attach a photocopy of the front and back of the insurance card.** ◀

HEALTH HISTORY (completed by parent/guardian)

Please provide complete information. If there are any changes before your camper starts camp, please notify our Camp Health Supervisor (see your Parent Handbook).

ALLERGIES (list all known)

Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list — include insect stings, pollen, animals, etc.)

General Questions

Which of the following has the camper had?

Please provide the following information OR attach record of immunizations and tests.

IF YOU PREFER, the information on the rest of this page may be provided by your physician on the health examination form.

Measles German measles Hepatitis A Hepatitis C
 Chicken pox Mumps Hepatitis B

Date of last Tuberculosis (TB) Test: _____ Test result: positive negative

Immunization Record:

| | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 | Most Recent Dose |
|---|--------|--------|--------|--------|--------|------------------|
| | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr |
| Diphtheria, tetanus, pertussis (DTaP or TdaP) | _____ | _____ | _____ | _____ | _____ | |
| Tetanus booster (dT or TdaP) | | | | | | _____ |
| Mumps, Measles, Rubella (MMR) | _____ | _____ | | | | _____ |
| Polio (IPV) | _____ | _____ | _____ | _____ | | |
| Haemophilus influenza type B (HIB) | _____ | _____ | _____ | _____ | | |
| Pneumococcal (PCV) | _____ | _____ | _____ | _____ | | |
| Hepatitis B | _____ | _____ | _____ | | | |
| Hepatitis A | _____ | _____ | | | | |
| Varicella (chicken pox) | _____ | _____ | | | | |
| Meningococcal Meningitis (MCV4) | _____ | | | | | |

Has/does the camper:

Please explain any "yes" answers:

- | | | | |
|--|-----|----|-------|
| 1. Had any recent injury, illness or infectious disease? | yes | no | _____ |
| 2. Have a chronic or recurring illness/condition? | yes | no | _____ |
| 3. Ever been hospitalized? | yes | no | _____ |
| 4. Ever had surgery? | yes | no | _____ |
| 5. Have frequent headaches? | yes | no | _____ |
| 6. Wear glasses, contacts or proactive eye wear? | yes | no | _____ |
| 7. Ever had frequent ear infections? | yes | no | _____ |
| 8. Ever passed out/had chest pain during exercise? | yes | no | _____ |
| 9. Ever had fainting or dizziness? | yes | no | _____ |
| 10. Ever had seizures? | yes | no | _____ |
| 11. Ever had back problems/joint problems? | yes | no | _____ |
| 12. Have an orthodontic appliance being brought to camp? | yes | no | _____ |
| 13. Have any skin problems? | yes | no | _____ |
| 14. Have diabetes? | yes | no | _____ |
| 15. Have asthma/wheezing/shortness of breath? | yes | no | _____ |
| 16. Had mononucleosis in the past 12 months? | yes | no | _____ |
| 17. Had problems with diarrhea/constipation? | yes | no | _____ |
| 18. Have problems falling asleep or with sleep walking? | yes | no | _____ |
| 19. If female, have problems with periods/menstruation? | yes | no | _____ |
| 20. Have a history of bed-wetting? | yes | no | _____ |
| 21. Traveled outside the country in the past 9 months? | yes | no | _____ |
| 22. Ever been treated for ADD or AD/HD? | yes | no | _____ |
| 23. Shown signs of eating disorder or food discomfort? | yes | no | _____ |
| 24. Shown signs of cutting or other self mutilation? | yes | no | _____ |
| 25. Ever had emotional difficulties for which professional help was sought? | yes | no | _____ |
| 26. Had a significant life event that continues to affect the camper's life? | yes | no | _____ |

RESTRICTIONS

The following restrictions apply to this camper:

Dietary:

_____ Does not eat red meat

_____ Does not eat pork

_____ Does not eat eggs

_____ Does not eat poultry

_____ Does not eat seafood

_____ Does not eat dairy products

_____ Other (describe) _____

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary)

MEDICATIONS

_____ This camper takes NO MEDICATIONS on a regular basis.

_____ This camper WILL TAKE MEDICATION(S) on a regular basis at camp this summer.

IF THIS IS CHECKED, YOU MUST COMPLETE THE ENCLOSED "MEDICATIONS AUTHORIZATION FORM". This includes any prescription and over-the-counter medications (including vitamins) you will send to camp.

Identify any medications taken during the school year that this camper will not take during the summer:

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. YOU DO NOT NEED TO SEND THESE TO CAMP, BUT WE WILL **NOT** GIVE ANY OF THESE WITHOUT YOUR SPECIFIC APPROVAL BELOW. Please indicate if your child may/may not be given these medications. **Please circle "yes" or "no" FOR EACH MEDICATION:**

| | | | | | |
|----------------------------------|-----|----|------------------|-----|----|
| Ibuprofen (Advil, Motrin) | yes | no | Tums | yes | no |
| Acetaminophen (Tylenol) | yes | no | Kaopectate | yes | no |
| Diphenhydramine (Benadryl) | yes | no | Pepto-Bismol | yes | no |
| Phenylephrine (Sudafed PE) | yes | no | Milk of Magnesia | yes | no |
| Pseudoephedrine (Sudafed) | yes | no | Mylanta | yes | no |
| Throat lozenges | yes | no | Antibiotic cream | yes | no |
| Guaifenesin (Robitussin) | yes | no | Calamine lotion | yes | no |
| Dextromethorphan (Robitussin DM) | yes | no | Aloe | yes | no |
| Swimmer's Ear or Audo Dri | yes | no | | | |

Use this space (or attached pages) to provide any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

PARENT/GUARDIAN AUTHORIZATIONS FOR _____
(NAME OF CAMPER)

This health history is correct and accurately reflects the health status of the camper to whom it pertains. This camper has permission to attend Campus Kids-NJ (CK Summer Camps, Inc.). This camper has permission to participate in all camp activities except as noted by me and/or an examining physician.

The camp nurses have permission to inform appropriate camp staff members of this camper's medical condition(s) or individual needs on a "need to know" basis. I give permission to photocopy this form.

I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for this child. The camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the camp's staff about my child's health status.

I also give permission to the camp to arrange necessary medically-related transportation for this camper.

Signature of parent/guardian: _____

Printed name: _____ Date: _____