

# HEALTH CARE FORM

Camper Name: \_\_\_\_\_

Event Name: \_\_\_\_\_ Family Creative Arts Festival \_\_\_\_\_

Fill out this form as complete as possible and send with child to camp.

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Parent/Guardian: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Person with authority while at camp: \_\_\_\_\_

## Insurance Information:

Is the participant covered by family medical/hospital insurance? Yes \_\_\_\_ No \_\_\_\_

Insurance carrier or plan name: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Name of principal insured: \_\_\_\_\_

## Physical Exam:

Has a physical exam done recently? Yes  No

Enter approximate date of last physical: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approx. Weight: \_\_\_\_\_ lbs. Approx. Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

## Allergies:

- No known allergies
- To foods  To medications
- To the environment  Other allergies

List here: \_\_\_\_\_  
\_\_\_\_\_

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**Diet/Nutrition:**

Eats a regular diet  Has a medically prescribed meal plan or dietary restrictions(describe):

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**Medications:**

Will this camper be taking any medications while at camp Yes  No

If yes, include the name, dose, and frequency of medication:

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**Recent Medical History**

Is this camper currently undergoing treatment for any condition?  Yes  No

If yes, describe here:

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Are there other treatments/therapies to be continued at camp?  Yes  No

If yes, describe here:

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Do you feel that the camper will require limitations or restrictions to activity while at camp?

Yes  No

If yes, what do you recommend? Describe here:

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**OTC Medications:**

*Medical Personnel:*

*Cross out those items the camper should not be given:*

- Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE) Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate Guaifenesin
- Dextromethorphan Diphenhydramine (Benadryl)
- Generic cough drops Chloraseptic (sore throat spray)
- Laxatives for constipation (Ex-Lax) Aloe
- Calamine lotion Hydrocortisone 1% cream
- Topical antibiotic cream Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Lice shampoo or scabies cream (Nix or Elimite)

Other: \_\_\_\_\_