



Health & Medical Information Form

Caregivers and Parents:

This Health & Medical Information Form is required for all children to attend camp and we cannot make any exceptions on that. **It is so important that if you do not fill out these forms, we cannot let your child spend the day with us.**

As you glance at the form, it may seem extensive for a short period of camp time, but please remember that once you check your camper into camp, they become our legal responsibility.

Thanks!

Your Name:

First _____

Last _____

Your Camper's Name:

First _____

Last _____

Camper's Birth Date: ___/___/___

Email Address: _____

Allergies

This camper is allergic to:

Please check all that apply

- No known allergies
- Food
- Medicine
- The environment (insect stings, hay fever, etc)
- Other

Please describe what the camper is allergic to and the reaction seen:

Medications

Please note: Any and all medication must be either accompanied by a signed note from a physician or have a physician's label, indicating dosage and frequency.

Will the camper take any daily medications while attending camp?

- This camper will not take any daily medications while attending camp.
- This camper will take the following daily medications while attending camp, AND will bring a physician note, prescription or label along with the medication:

Will the camper be bringing other medication to be used as needed?

If the camper will be bringing an EpiPen, please note that here.

- This camper will not be bringing other medication to camp.
- This camper will bring medication to camp to be used as needed, AND will bring a physician note, prescription or label along with the medication. Please describe the medication and when it should be used:

Would you like sunscreen to be applied before our lunchtime outdoor play session?

- Yes, and I understand that the camper must bring their own sunscreen and that SCM educators will only apply spray-on sunscreen to campers. My camper will be responsible for applying any other type of sunscreen themselves.
- No

First Aid

Please indicate if you would prefer the following items NOT be used on an as needed basis to manage illness and/or injury on your camper:

- Band-Aid or other generic bandages
- Cold Compress

SCM Camp Staff are trained in basic First Aid. If any injury or illness were to need attention beyond that, we would immediately contact EMS and/or caregivers.

Diet and Nutrition

Does the camper have any dietary restrictions?

- No dietary restrictions
- Vegetarian
- Vegan
- Lactose free
- Gluten free
- Other – please explain below:

Restrictions

Please check all that are true.

- This camper uses special equipment such as a breathing machine, wheelchair, hearing aid, braces, etc (if yes, please describe below).
- This camper can routinely and successfully use the toilet without assistance.
 - We understand that accidents happen. However, SCM does not have sufficient resources to provide regular bathroom assistance to campers and therefore generally cannot accept campers who routinely require such assistance.*
- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions (if no, please describe below).
- This camper functions at the level of other children in his or her age group (if no, please describe below).
- This camper can effectively communicate his or her needs in English.
 - In case of an emergency, it is critical for campers to be able to understand and follow basic directions given by our staff. To ensure the safety of all participants, SCM therefore requires campers to be proficient in English.*

Please explain any of the applicable statements above:

Health History

Please check all statements that are TRUE. Explain all true statements in the space provided below.
Has/Does the camper. . .

- Ever been hospitalized?
- Had a recent injury or infectious disease?
- Ever had surgery?
- Have a recurrent/chronic illness?
- Had asthma/wheezing/shortness of breath?
- Have diabetes?
- Had seizures?
- Had headaches?
- Wear glasses, contacts or protective eye wear?
- Had fainting or dizziness?
- Passed out/had chest pain during exercise?
- Had mononucleosis ('mono') during the past 12 months?
- Ever had back or joint problems?
- Have a history of diarrhea/constipation?
- Need bathroom assistance?
- Have any skin problems?
- Traveled outside the country in the past nine months?
- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?
- Ever been treated for emotional or behavioral difficulties?
- Had a significant life event that continues to affect the camper's life? (family changes, foster care, survived a disaster, etc)
- None of the above

Explain all 'TRUE' answers. Our staff may contact you for more information. For travel outside the country, please name the countries visited and dates of travel.

Caregiver Authorization for Healthcare:

Please check items that are "TRUE":

- This health history is correct and accurately reflects the health status of the camper to whom it pertains. If changes occur, I will alert SCM before the camper attends camp.
- The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician.
- If SCM notifies me that my child is ill, I must pick my child up as soon as possible and no later than one (1) hour after being contacted.
- I understand the information on this form will be shared on a 'need to know' basis with camp staff and medical personnel.

In case of a medical or other emergency while my child is under SCM's supervision, I understand that SCM staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize SCM to act on my behalf and to take the emergency measures including those listed below if deemed necessary by SCM staff or by medical authorities for the care and protection of my child. I authorize SCM to:

- Administer first aid and/or cardiopulmonary resuscitation.
- Transport my child via ambulance or other emergency medical service to a local hospital and other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.

Immunization

Please check the immunizations for which the camper is up to date:

- Diphtheria, tetanus, pertussis (DTap or Tdap)
- Mumps, Measles, Rubella (MMR)
- Polio (IPV)
- Haemophilus influenza type B (HIB)
- Hepatitis A
- Hepatitis B
- Meningococcal Meningitis (MCV 4)
- Varicella (Chicken Pox) – please also check this box if the camper has had Chicken Pox
- None of the above

What is the date of the camper's last tetanus shot? (month and year)

I understand and accept the risks to my child from not being fully immunized.

My child is fully immunized

I do.

What have we forgotten to ask?

Is there any additional information about your child, their routine, or particular needs you would like to share?

Please provide in the space below 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.

Signature

Date