

Camp Benedict 2019
Health History and Examination Form
Fax completed form to 612.466.3046

The health history sections must be filled out by parents/guardians of minors, or by adults themselves. The health exam section on the back page must be completed by approved licensed medical personnel; the information recorded must be current.

Health History (to be completed by camper, parent/guardian)

Camper Information

Name _____ Gender: M _____ F _____ T _____

DOB (mm/dd/yyyy) _____

Address _____

City/State/Zip _____

Parent/Guardian Information if under 18 years of age

Name _____

Address _____

City/State/Zip _____

Phone _____

Insurance Information

Health Insurance Company _____

Group or policy # _____

****Attach photocopy of front and back of insurance card to this form****

Health Care Providers:

Primary Care Provider: (MD, NP, and/or PA)

Address: _____

Phone: _____

Dentist: _____

Address: _____

Phone: _____

Emergency Contact Information:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Medications:

Medications must be in the original container or in a medication box labeled with the camper's name and sealed in a zip lock bag. All medications will be turned into the camp nurse upon arrival for the safety of all campers on site. Medications will be administered by the camp nurse. Dispensing hours posted in the mess hall. Medication boxes, pill containers will be returned to each camper following breakfast on the last day of camp.

Name: _____ authorize Camp Benedict staff to seek emergency transportation and medical treatment if necessary on my behalf. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

I release Camp Benedict staff and its affiliates from any and all liability while participating in camp or any voluntary camp activities.

Signature of parent/guardian or adult camper/staffer _____

Printed Name _____

Signature _____ Date _____

Relationship to camper: Self _____ Other: _____

Health History—Camp Benedict To Be Completed by Medical Provider:

Name:_____ is medically stable and able to participate in all camp activities which may include but is not limited to horseback riding, massage, pontoon, swimming, fishing, basketball, walking.

Allergies:

Please list all allergies (Medication, food, environmental)

Allergen:

Reaction:

Medications:

Complete Medication List or Attach copy of ALL Current medications (including over-the-counter or nonprescription drugs, herbals, vitamins).

Bring enough medication to last the entire time at camp.

[illegible]

Immunizations: (may attach printed list)

Please give all dates (MM/YY) of immunization for

Tetanus (TD/ TDaP) _____

Polio _____

MMR _____

Hepatitis B _____

Varicella (chicken pox) _____

Haemophilus influenza B _____

Date of most recent TB Test _____ Result _____

If positive, list dates of treatment: _____

Indicate which of the following the camper has had.

_____ Measles

_____ German measles

_____ Mumps

_____ Chicken pox

_____ Hepatitis A

_____ Hepatitis B

_____ Hepatitis C

Has/does the participant:

Yes No

Recent injury, illness or hospitalization or surgery?

Chronic health problem?

Frequent headaches?

Head injury or loss on consciousness?

Wear glasses, contacts or protective eye wear?

Frequent ear infections?

Seizures?

High blood pressure?

Heart attack ?

Have diabetes?

Have asthma?

Had mononucleosis in the past 12 months?

Depression?

Bipolar?

Schizophrenia?

Drug Dependence?

Alcohol Dependence?

Joint problems?

Please explain any “yes” responses to the above questions:

Vital Signs: BP _____ P _____ R _____ O2 Sats _____
Weight: _____ Height: _____
Dietary restrictions:

Additional information for the health care staff at the camp:

I examined this individual on _____.
(American Camping Association accreditation requirements specify exams within 24 months of camp attendance.)

Signature of Licensed Medical Personnel _____
Printed _____ Title _____
Address _____
Phone _____ Date _____

Additional information we may need to know: