CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health

Dates will a	attend camp: from	Month/Day/Year	to Month/Day/Year		Can
Camper Na	ame:				npe
	First	Mic	ddle	Last	<u>۳</u>
☐ Male	☐ Female	Birth Date	Age on arrival at camp:	·	Vame
• • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • •	· • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	li

Association of Camp Nurses	MONINIDAY/Year
Mail this form to the address below by ASAP (date)	To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.
Before May 1st	1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
143 State Street, Portland, ME 04101	2) Send the <u>original, signed FORM 1</u> to camp by the requested date.
After May 1st	3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the
98 Bishopswood Rd., Hope, ME 04847	<u>copy of FORM 1</u> with <u>FORM 2</u> to your <u>child's health-care provider</u> for review and completion.
Mike@Bishopswood.org (anytime)	 After it has been <u>completed and signed</u> by your child's health-care provider, return <u>FORM 2</u> to camp by the requested date.
g-moperatures (anythine)	***************************************
^	
Camper Home Address: Street Address	City State Zin Code
Parent/guardian with legal custody to be contacted in case o	
Relationshi	n
Name:to Camper:	Preferred Phones: () ()
	Email:
Home Address:	
(If different from above) Street Address	City State Zip Code
Second parent/guardian or other emergency contact:	
Name: to Camper:	
to Camper:	· · · · · · · · · · · · · · · · · · ·
Additional contact in event parent(s)/quardian(s) can not be r	Email:
Relationshi Name(s): to Camper	Preferred Phones: ()()
to dampor.	Trelefied Filories. ()
Allergies: U No known allergies. This camper	s allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
	(Please describe below what the camper is allergic to and the reaction seen.)
	,
Diet, Nutrition: ☐ This camper eats a regular diet.	☐ This camper eats a regular vegetarian diet.
☐ This camper has special food ne	eds. (Please describe below.)
Restrictions: I have reviewed the program and a	ctivities of the camp and feel the camper can participate without restrictions.
adaptations. (Please describe below	ctivities of the camp and feel the camper can participate with the following restrictions or
and the second second second second	
Medical Insurance Information:	
This camper is covered by family medical/hospital ins	urance □ Yes □ No
Include a copy of your insurance card if appropria	rte; copy both sides of the card so information is readable.
•	
Insurance Company	Policy Number
Subscriber	Insurance Company Phone Number ()
Parent/Guardian Authorization for Health Care:	
This health history is correct and accurately reflects the l	nealth status of the camper to whom it pertains. The person described has permission to participate in
and deadifful related to the health of thy child for hoth re	ining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, butine health care and in emergency situations. If I cannot be reached in an emergency, I give my
permission to the physician to mosphanze, secure proper	Treatment for and order injection anosthogic or correspondently and the state of th
and form will be shalled out a fleed to know pasis with c	amp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a t my child and these providers may talk with the program's staff about my child's health status.
Signature of Custodial	, and alloss providers may talk with the program's staπ about my child's health status.
Parent/Guardian	Relationship
	bateto camper
in for religious or other reasons you cannot sign this, con	tact the camp for a legal waiver which must be signed for attendance. Page 1/4

• •	browners may talk with the program's	starr about my child's ne	aith status.
Signature of Custodial Parent/Guardian	Date:	Relationship to Camper:	
If for religious or other rea	sons you cannot sign this, contact the camp for a legal waiver which must be signed for	attandanaa	Danis 4/4

Diptheria, tetanus, pertussis * (DT) or (TdaP) Tetanus booster * (IPV) Hammonibus influenzae type B (HIB) Hepatitis A Varicella Hepatitis A Varicell	Birth Date:	CAMPER HEALTH HI	STORY FORM	1 1	Campe	er Name:		
Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization from health-care providers or state or local government are acceptable; please attach to this form. Immunization	unization History: Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization from health-core providers or state or focal government are acceptable; please attach to this form. Immunization Dose 1 Dose 2 Dose 3 Most Recent Dose Immunization. Dose 3 Most Recent Dose Immunization. Most Recent Dose Immunization. Dose 3 Most Recent Dose Immunization. Month/Year	Developed and reviewed by: American Cami	Association, American Aca		Birth D		Middle	Last
Immunization Dose 1 Dose 2 Dose 3 Dose 4 Month/Year Mon	Immunization Dose 1 Month/Year Dose 2 Month/Year Month/	Immunization History: Provide t	he month and year fo	r oagh immunication	Charmed (1) incom			
Month/Year Mon	meria, letanus, pertussis * HP) or (TdaP) Intuits hoseler * Or (TdaP) Intuits hoseler	from health-care providers or state	e or local government	are acceptable; plea	se attach to this f	orm.	current. Copies o	f immunization forms
Diptheria, tetanus, pertussis * (DTaP) or (TdaP) Tetanus booster * (dT) or (TdaP) Mumps, measles, rubella * (MMR) Polio * (IPV) Haemophilus influenzae type B (HIB) Pneumococcal (PCV) Hepatitis B Hepatitis A Varicella	price (Tails') ps. measures, rubelia * Norticals' p							
(dT) or (TdaP) Mumps, measles, rubella * (MMR) Polio * (IPV) Haemophilus influenzae type B (HIB) Pneumococcal (PCV) Hepatitis B Hepatitis A Varicella	or (TidaP) psp. measles, rubella * R) psp. measles, rubella * R) psp. measles, rubella * R) prophilus influenzae type B prococcal psp. measles, rubella * R) prophilus influenzae type B prococcal meningitis A pella prococcal meningitis A pella prococcal meningitis A politic catocial politic record custodial politic record custodial politic record custodial politic record custodial politic action: politic catocial politic action: politic action: politic catocial politic action: politic acti	(DTaP) or (TdaP)						World's Teal
Mumps, measles, rubella * (MMR) Polio * (IPV) Haemophilus influenzae type B (HIB) Pneumococcal (PCV) Hepatitis B Hepatitis A Varicella	pas, measles, rubella * Ri morphilus influenzae type B morphil	1						
(IPV) Haemophilus influenzae type B (HIB) Pneumococcal (PCV) Hepatitis B Hepatitis A Varicella	morphilus influenzae type B Jamococcal Autilis B Jamicocccal meninglis Joate:	Mumps, measles, rubella★ (MMR)						
(HIB) Pneumococcal (PCV) Hepatitis B Hepatitis A Varicella	Justice B Justic	(IPV)						
Positive	atitis B atitis A bella	(HIB)						
Hepatitis A Varicella	atitis A Detail Detail Date:							
Varicella	cella Chad chicken pox Date:	Hepatitis B						
(chicken pox) Date: Meningococcal meningitis (MCV4) Tuberculosis (TB) test Date: Negative Positive If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized. Signature of Custodial	Read	Hepatitis A						
Meningococcal meningitis (MCV4) Tuberculosis (TB) test Date: Negative Positive If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized. Signature of Custodial	Ingococcal meningitis							
Tuberculosis (TB) test Date: Negative Positive If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized. Signature of Custodial	Date							
If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized. Signature of Custodial	ur camper has not been fully immunized, please sign the following statement: 1 understand and accept the risks to my child from not g fully immunized. there of Custodial	(MCV4)						
Signature of Custodial	ture of Custodial ture of Cust	Tuberculosis (TB) test	Date:	☐ Negative)	□ Positive		
Signature of Custodial	ture of Custodial tut/Guardian: Date: to Camper: This camper will not take any daily medications while attending camp. This camper will take the following daily medication(s) while at camp: This camper will take the following daily medication(s) while at camp: It is camper will take the following daily medication(s) while at camp: It is camper will take the following daily medication(s) while at camp: It is camper will take the following daily medication(s) while at camp: It is camper will take the following daily medication(s) while at camp: It is camper will take the following daily medication(s) while at camp: It is camper will take the following daily medication to interest with labels which show the camper's eand how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. It is given Amount or dose given How it is given It is given Amount or dose given	If your camper has not been full being fully immunized.	ly immunized, pleas	e sign the following	statement: I und	derstand and acce	ot the risks to my	child from not
	This camper will not take any daily medications while attending camp. This camper will take the following daily medication(s) while at camp: This camper will take the following daily medication(s) while at camp: It is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please review camp uctions about required packaging/containers. Many states require priginal pharmacy containers with labels which show the camper's earl how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. This camper will take the following daily medications while attending a horizontal pharmacy containers with labels which show the camper's earl how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.					Rel	ationship	
to Camperto	□ This camper will take the following daily medication(s) while at camp: icitation" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please review camp unctions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's eand how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. ■ Date started					to	Camper:	
	lication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please review camp uctions about reguired packaging/containers. Many states require original pharmacy containers with labels which show the camper's e and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. I a description of taking it when it is given a mount or dose given How it is given beat form the image of medication of taking it when it is given and the medication of taking it when it is given and the medication of taking it when it is given and the medication of taking it when it is given beat form and the entire time the camper will be at camp. I a description medication of taking it when it is given and the entire time the camper will be at camp. I a description of taking it when it is given and the entire time the camper will be at camp. I a description of taking it when it is given and the entire time the camper will be at camp. I a description of taking it when it is given and the entire time the camper will be at camp. I a description of taking it when it is given and the entire time the camper will be at camp. I a description of taking it when it is given and the entire time the camper will be at camp. I a description of taking it when it is given and the entire time the camper will be at camp. I a description of taking it when it is given and the entire time the camper will be at camp. I a description of taking it when it is given and the entire time the camper will be at camp. I a description to last the entire time the camper will be at camp. I a description to last the entire time the camper will be at camp. I a description to last the entire time the camper will be at camp. I a description to last the entire time the camper will be at camp. I a description to last the entire time the camper will be at camp. I a description to last the entire time the camper will be at camp. I a desc							
"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamine & natural correction.	wany states require original pharmacy containers with labels which show the camper's e and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. Breakfast Lunch Dinner Bedtime Other time: Breakfast Lunch Dinner Beddtime Other time: Breakfast Lunch Dinner Beddtime Other time: Breakfast Lunch Dinner Beddtime Other time: Dinner Breakfast Lunch Dinner Beddtime Other time: Dinner Breakfast Lunch Dinner Breakfast Brea	"Medication" is any substance a pe	erson takes to mainta	in and/or improve the	ir health. This inc	cludes vitamins & na	itural romodios D	logeo roviou como
moduciono about required packadina/containers. Wany states require original pharmacy containers with labels which also were the	Breakfast Clunch Dinner Bedtime Dother time: Breakfast Clunch Dinner Bedtime Dother time: Dother time: Clunch Dinner Bedtime Dother time: Clunch Clunch	msu acaons about required pac	kaumu/containers.	IVIANV STATAS PANILIPA	Ariainal abarma	nu nontoinere with	labala while be - b	
Reason for taking it When it is given Amount or dose given How it is given	□ Lunch □ Dinner □ Bedtime □ Other time: □ Breakfast □ Lunch □ Dinner □ Bedtime □ Other time: □ Dinner □ Bedtime □ Other time: □ Dother time	Name of medication Date starte	d Reason for ta	aking it Wh	nen it is given			
	Bedtime Other time: Breakfast Lunch Dinner Bedtime Other time: Breakfast Lunch Dinner Bedtime Other time: Breakfast Lunch Dinner Bedtime Other time: Breakfast Clunch Dinner Bedtime Other time: I Breakfast Clunch Dinner Bedtime Clunch Clunch Clunch Dinner Bedtime Clunch				st			
	Cother time:					İ		
	□ Lunch □ Dinner □ Bedtime □ Other time: □ Lunch □ Dinner □ Breakfast □ Lunch □ Dinner □ Bedtime □ Other time: □ Other time: □ Other time: □ Dinner □ Bedtime □ Other time: □ Dinner □ Bedtime □ Dinner □ Bedtime □ Other time: □ Dinner □ Bedtime □ Other time: □ Other ti							
	Dinner Dedtime Dother time: Description medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Discription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Discription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Discription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Discription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Discription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Discription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Discription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Discription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Discription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Discription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.				st			
	Dother time: Breakfast							
	Breakfast CLunch CDinner CBedtime COther time: Collowing non-prescription medications may be stocked in the camp Health Center and are used on an <u>as needed basis</u> to manage illness and injury. So out those the camper should <u>not</u> be given. Impropen (Tylenol) Sylephrine decongestant (Sudafed PE) Sesudoephedrine decongestant (Sudafed) Suaifenesin cough syrup (Robitussin)							
	Dinner Dedtime Other time:							
	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							,
	ollowing non-prescription medications may be stocked in the camp Health Center and are used on an <u>as needed basis</u> to manage illness and injury. aminophen (Tylenol) ylephrine decongestant (Sudafed PE) istamine/allergy medicine Ibuprofen (Advil, Motrin) Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin)							
□Other time:	Ibuprofen (Advil, Motrin) ylephrine decongestant (Sudafed PE) stamine/allergy medicine Suminophen (Tylenol) Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin)			□Other tir	ne:			
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 Cross out those the camper should not be given.	sminophen (Tylenol) ylephrine decongestant (Sudafed PE) stamine/allergy medicine Ibuprofen (Advil, Motrin) Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin)	The following non-prescription med Cross out those the camper sho	dications may be stoc	ked in the camp Hea	Ith Center and are	used on an <u>as nee</u>	ded basis to mana	age illness and injury.
Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin)	ylephrine decongestant (Sudafed PE) Pseudoephedrine decongestant (Sudafed) istamine/allergy medicine Guaifenesin cough syrup (Robitussin)	Acetaminophen (Tylenol)		lbuprofen	(Advil. Motrin)			
Prienylephrine decongestant (Sudafed PE) Pseudoephedrine decongestant (Sudafed)		Phenylephrine decongestant (Sud	afed PE)	Pseudoe	phedrine deconge	stant (Sudafed)		
Anunistaminergy medicine Guaifenesin cough syrup (Robitussin) Diphenine antihistamine/allergy medicine (Benadryl) Destromethorothan cough syrup (Robitussin DM)	Hilly utallillie anunistamine/allergy medicine (Benadryl) Devtromethorobon cough syrup (Debit costs DAA)	Diphenhydramine antihistamine/all	ergy medicine (Rena	Guaifene	sin cough syrup (F	Robitussin)	4)	
Sore throat spray Generic cough drops	throat spray Generic cough drops	Sore throat spray			cough drops	an (Loningsin DV	n)	
Lice shampoo or cream (Nix or Elimite) Antibiotic cream Alon	nampoo or cream (Nix or Elimite) Antihiotic cream	Lice snampoo or cream (Nix or Elii Calamine lotion	mite)		cream			
Laxatives for constipation (Ex-Lax) Aloe Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	mine letters)		subsalicylate for d	iarrhea (Kaopectate	, Pepto-Bismol)	
Copyright 2009 by Associate O	nine lotion Aloe	Copyright 2008 by American Camping	Association, Inc.	· · · · · · · · · · · · · · · · · · ·	ge 2/4			Rev. 1/2007 LEE/EAW
	mine lotion Alge	Laxatives for constipation (Ex-Lax))		subsalicylate for d	iarrhea (Kaopectate	, Pepto-Bismol)	
Conviget 2009 by Associate Occasion	nine lotion Aloe	Copyright 2008 by American Camping	Association, Inc.	Paç	ge 2/4			Rev. 1/2007 LEE/EAW

CAMPER HEALTH HISTORY FOR	rм 1		Camper Name:		
Developed and reviewed by: American Camp Association, American School Health, & Association of Camp Nurses		Council on	First Middle Birth Date:	3	Last
			Month/Day/Year		·
General Health History: Check "Yes" or "No" for	each statement	t. Explain "Yes	s" answers below.		
Has/does the camper:	1 Var. 17 Na	44 11 1614			
Ever been hospitalized? Ever had surgery?			ing or dizziness?		□ No
3. Have recurrent/chronic illnesses?			out/had chest pain during exercise?		□ No
4. Had a recent infectious disease?			onucleosis ("mono") during the past 12 montl		□ No
5. Had a recent injury?			have problems with periods/menstruation?		□ No
6. Had asthma/wheezing/shortness of breath? □			blems with falling asleep/sleepwalking?		□ No
7. Have diabetes?			back/joint problems?		□ No
8. Had seizures? [istory of bedwetting?		□ No
9. Had headaches?			blems with diarrhea/constipation?		□ No
			skin problems?		□ No
· · · · · · · · · · · · · · · · · · ·] Yes □ No	20. Traveled	outside the country in the past 9 months?	□ Yes	□ No
Please explain "Yes" answers in the space below and dates of travel.	v, noung the num	iber of the ques	tions. For travel outside the country, please i	name countries	s visited
•					
Mental, Emotional, and Social Health: Check "Ye	s" or "No" for ea	ach statement.			
Has the camper:					
1. Ever been treated for attention deficit disorder (AE	D) or attention d	leficit/hyperactiv	rity disorder (AD/HD)?	∏ Yes	□ No
2. Ever been treated for emotional or behavioral diffic					□ No
3. During the past 12 months, seen a professional to					□ No
4. Had a significant life event that continues to affect	the camper's life	?			□ No
(mistory or abuse, death of a loved one, family cha	inge, adoption, fo	oster care, new	sibling, survived a disaster, others)		
Please explain "Yes" answers in the space below	, noting the num	ber of the ques	tions. The camp may contact you for addition	nal information.	
<u>Health-Care Providers</u> :					
Name of camper's primary doctor(s):					
Name of dentist(s):					
Name of orthodontist(s):			Phone: ()		
What Have We Forgotten to Ask? Please provide	in the space be	elow any addition	onal information about the camper's health that	at vou think im	oortant or
that may affect the camper's ability to fully participate	in the camp pro	gram. Attach	additional information if needed.	,	Jordani Gr
			·		
Parents/Guardians: STOP here. The rest of t	his is form is co	ompleted when	the camper arrives at camp. Keen a con-	for your reco	rde
Copyright 2008 by American Camping Association, Inc.		Page 3/4		Rev. 1/2007 LE	

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name:		
First Birth Date:	Middle	Last
Month/Day/Year		

			cord (For Camp Use		
I	nitial Screening	Date/Time:		<u> </u>	
		en conducted according to camp p		ings noted as follows:	
		ptoms of illness or injury upon arriv		☐ Yes as noted below	
		sure to communicable disease?		☐ Yes as noted below	
		rrections to information on this hea		☐ Yes as noted below	
	D. Medication give	en to health-care staff?		☐ No ☐ Yes as noted	below
	E. Any signs/sym	otoms of head lice?	🗆 No	☐ Yes as noted below	
vider ı	otes: (date/time/initi	al all entries)			
			· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·			
		The state of the s		F = 1	
		W			
	Check one of the follo				
		reported illness or injury symptom	ıs.		
□ Left	camp this day with th	e following problem/concern:			•
This p	erson was told about t	he problem and instructed about fo	llow-up as noted above: _		
				Date/Time:	