

-Always make copies for your records- **Bear Creek Camp – Health History Form 2008** -Always make copies for your records-
 Please Print Clearly And Fill Out The Form Completely – This Form Must Be Updated Annually – A Physical Exam Is Required Within 24 Months Of Attending Camp

Camper is attending session _____ **Form is due 2 weeks prior to arrival**

Camper Last Name	First Name	Gender	Birthdate	Social Security #
1 st Parent/Guardian		Home Phone	Work Phone	
2 nd Parent/Guardian		Home Phone	Work Phone	
Emergency Contact		Home Phone	Work Phone	

Insurance Information: COMPLETE INFORMATION IS REQUIRED

Parent/guardian's are responsible for all costs incurred for medical treatment needed during the camper's stay at Bear Creek Camp. Bear Creek Camp does not provide insurance for the medical treatment of campers.

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

Health Insurance Carrier/Plan	Phone # for claims
Name of Primary Insured	ID #

Health History

The following information must be filled in by the parent/guardian, adult camper, or staff member. The intent of this information is to provide health care personnel the background to provide appropriate care. The health history must be updated annually. A physical exam is required within 24 months of attending camp. Keep a copy of the completed form for your records and inform the camp of any changes to this information at the time of registration.

Allergies* – List all known allergies (food, medication, other) and describe reactions

Medications* – List ALL medications (including non-prescription) taken regularly. Include: name of medication, dosage, specific times taken, reason for taking.

Restrictions* – List any dietary, physical, or other restrictions that may impact participation in activities at camp.

Other Information* – Provide any additional information about the participants behavior or physical, emotional or mental health that we should be aware of.

* Use Back Of Form If Necessary

Office use: Received _____

General Health Questions		
(Please explain "Yes" answers on the back)		
Has/does the participant:	Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had back or joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had an eating disorder	<input type="checkbox"/>	<input type="checkbox"/>
11. Have problems with diarrhea or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
12. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>

Immunizations		
Has the camper vaccinations for:		
	Yes	No
DPT	<input type="checkbox"/>	<input type="checkbox"/>
Polio	<input type="checkbox"/>	<input type="checkbox"/>
MMR	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
TD (Tetanus)	<input type="checkbox"/>	<input type="checkbox"/>
Date of Last Tetanus	_____	
Which of the following has the participant had?		
Measles	_____	
Chicken Pox	_____	
Mumps	_____	
Hepatitis A	_____	
Hepatitis B	_____	
Hepatitis C	_____	

***** To Be Filled Out By Licensed Medical Personnel *****			
I last examined this individual on _____.	BP	_____	
Required with in 24 months of attending camp.	Weight	_____	
Is this individual able to fully participate in camp activities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Please describe any medical issues the camp should be aware of?	_____		
_____	_____		
Physician Name (printed)	Signature	Date	Phone

This Box Must Be Completed For Attendance	
Parent/Guardian Authorizations: To the best of my knowledge this health history is correct. The person described herein has permission to participate in all camp activities. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency care for the person named above. I agree to the release of any records needed for treatment, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event that I cannot be reach in an emergency, I herby give permission to the physician selected by the camp to secure and needed treatment for my child. I understand that I am the primary carrier of health/accident insurance and am responsible for all medical costs incurred as a result of an accident or injury incurred while in programs run by Bear Creek Camp.	
Name (printed) and Signature of Parent/Guardian or Adult Participant	Date