



Camper / Staff Name _____ Gender _____ Date of Birth _____ Age on Arrival at Camp _____
 Address _____ City/State _____ Zip _____
 Home Phone _____ Cell _____ Corps _____

Parent/Guardian Name _____ Relationship _____
 Address _____ City/State _____ Zip _____
 Home Phone _____ Cell _____ Email _____

Emergency Contact (if parent/guardian cannot be reached)
 Name _____ Relationship _____ Phone _____

Insurance Information -	Yes	No	Camper/staff is covered by family medical/hospital insurance.
Insurance company			Phone _____
Policy Number			Group/ID Number _____
Name of Policy Holder			

Health Care Providers
Primary Doctor Name _____ Phone _____
Dentist Name _____ Phone _____

Immunization History – Provide the month and year for each immunization (OR attach a copy of immunization records).

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP or Tdap)					
Mumps, Measles, Rubella (MMR)					
Polio (IPV)					
Haemophilus Influenzae Type B (HIB)					
Pneumococcal (PCV)					
Hepatitis B					
Hepatitis A					
Varicella (Chicken Pox)					
Meningococcal Meningitis (MCV4)					
Tetanus (dT or Tdap)					
Influenza – Seasonal					
Influenza – H1N1					

TB Test Date: _____
 Positive _____ Negative _____

Had chicken pox?
 Yes _____ No _____

If yes, date: _____

General Health History – Check “Yes” or “No” for each statement.

- | | | |
|----------------------------------------------------------|-----|----|
| 1. Ever been hospitalized? | Yes | No |
| 2. Ever had surgery? | Yes | No |
| 3. Have recurrent / chronic illnesses? | Yes | No |
| 4. Had a recent infectious disease? | Yes | No |
| 5. Had a recent injury? | Yes | No |
| 6. Had asthma/wheezing/shortness of breath? | Yes | No |
| 7. Passed out or had chest pain during exercise? | Yes | No |
| 8. Had seizures? | Yes | No |
| 9. Had fainting or dizziness? | Yes | No |
| 10. Had headaches? | Yes | No |
| 11. Had a head injury? | Yes | No |
| 12. Been knocked unconscious? | Yes | No |
| 13. Had frequent ear infections? | Yes | No |
| 14. Had high blood pressure? | Yes | No |
| 15. Have problems with diarrhea/constipation? | Yes | No |
| 16. Have a history of bedwetting? | Yes | No |
| 17. Have problems with falling asleep/sleepwalking? | Yes | No |
| 18. Wear glasses, contacts, or protective eyewear? | Yes | No |
| 19. Ever had back/joint problems? | Yes | No |
| 20. Have any skin problems? | Yes | No |
| 21. Have diabetes? | Yes | No |
| 22. Had “mono” in the past 12 months? | Yes | No |
| 23. Traveled outside the country in the past 9 months? | Yes | No |
| 24. Have problems with periods/menstruation? | Yes | No |
| 25. Have an orthodontic appliance being brought to camp? | Yes | No |

Mental, Emotional, & Social Health History –

- Check “Yes” or “No” for each statement.
- Ever been treated for attention deficient disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?
 Yes _____ No _____
 - Ever been treated for emotional or behavioral difficulties or an eating disorder?
 Yes _____ No _____
 - During the past 12 months, have you seen a professional to address mental/emotional health concerns?
 Yes _____ No _____
 - Had a significant life event that continues to affect camper/staff’s life (abuse, death, divorce, adoptions, foster care, new sibling, etc.)?
 Yes _____ No _____

Standing Medication Orders – The following non-prescription medications may be stocked in the camp and used on an **as needed basis** to manage illness or injury. My child has permission to take or use the following:

- | | |
|------------------------|------------------------------|
| Tylenol/Acetaminophen | Sudafed/Decongestant |
| Benadryl/Antihistamine | Swimmers’ Ear/Alcohol |
| Tums/Antacid | Vinegar Solution |
| Advil/Ibuprofen | Topical creams and ointments |
| Pepto Bismol/Imodium | |
| Robitussin/Expectorant | |



Camper / Staff Name _____ Corps / Unit _____

Diet & Nutrition (List dietary restrictions)

Eats a regular diet Eats a regular vegetarian diet

Has special food needs or allergies (describe below)

Allergies – List all allergies and reactions

No known allergies

Medications Medications that will need to be administered at camp **MUST** be in the original container and include camper/staff's name, dose, and frequency. All medications will be dispensed as directed on the bottle. Any changes require a doctor's letter.

No medications

Restrictions – List all activity restrictions

I have reviewed the program and activities of the camp and feel I can participate without restrictions.

I have reviewed the program and activities of the camp and feel I can participate with the following restrictions or adaptations:

Past Medical/Surgical History

Current Medical Treatment

By signing and dating below, I am indicating that this health history is correct and accurately reflects the health status of the person to whom it pertains. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both health care and emergency situations. In the event I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for my child. I give permission to the camp to arrange necessary related transportation for my child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child, and these providers may talk with the program staff about my child's health status.

I understand that my consent is valid for *(please check the statement below that applies to you)*

 the duration of my child's employment the duration of my time spent at camp as a participant

I understand that I may revoke this consent at any time by contacting the appropriate Salvation Army representative except when action has already been taken to obtain and/or release such information. My signature on this release indicates that I have read the above, and I understand the terms and conditions.

Printed Name of Parent/Guardian Signature of Parent/Guardian Date