Camper Health History

Please return this form to:

Camp Oty'Okwa

24799 Purcell Rd. South Bloomingville, OH 43152 Phone: 740-385-5279 Fax: 740-385-3962

Camper's LAST		FIRST (preferred)_		Middle
Sex	Gender Identity	Birth Date		Age
Home Ac	ddress:			
City	State	Zip (Oode	County
Custodia	al Parent/Guardian:			Relationship:
Preferred	d Phones: ()	·		Suardian County
Second F	Emergency Contact:			Relationship:
Preferred	d Phones: ()	()		
This	s: Known Allergies Camper is Allergic to: Food escribe below what camper is aller	—	Environm en:	ent
This	rition: Camper eats a regular diet. Camper eats a regular vegetarian Camper has special food needs.			
☐ I hav	ions: ve reviewed the program and activite ve reviewed the program and activi ns or adapations. Please describe	rities of the camp and feel th		
This health I camp activit treatment re to the physic be shared o health recor	Guardian Authorization for Healt history is correct and accurately reflects the hities except as noted by me and/or an examini elated to the health of my child for both routine ician to hospitalize, secure proper treatment for a "need to know" basis with camp staff. I gird from providers who treat my child and these arent/Guardian Name: FIRST	nealth status of the camper to whom in ing physician. I give permission to the ehealth care and in emergency situator, and order injection, anesthesia, or ive permission to photocopy this form	e physician selected by t tions. If I cannot be reac r surgery for this child. I t n. In addition, the camp h n's staff about my child's	the camp to order x-rays, routine tests, and ched in an emergency, I give my permission understand the information on this form will has permission to obtain a copy of my child's
		-	• • •	
	URE of Custodial Parent/Guardian		Date	Relationship to Camper
*If for religiou	us or other reasons you cannot sign this, contact the	e camp for a legal waiver which must be s	signed for attendance.	ı

Medical Insurance Information:							
This camper is covered by family medical/hospital insu	ırance: X	es 🗌 No					
Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.							
Insurance Company:		Insurance Company Phone Number: ()					
Group Number:		Plan/Policy Number:					
Subscriber:		,					
Prescription Insurance Information:							
	🗆 V	□ N-					
This camper is covered by family prescription insurance	_	☐ No					
Include a copy of your insurance card if appropriate; c							
Insurance Company:		Insurance Company Phone Number: ()					
Rx BIN Number:		Rx PCN Number:					
Subscriber:							
Immunization History: (Only check ONE b	<u>ox)</u>						
Camper has been fully immunized and all shots re	equired to atte	nd school are up to date including a tetanus shot on/					
	4	Month/Year					
Camper has NOT been fully immunized and I und	erstand and a	accept the risks to child from not being fully immunized.					
Signature of Custodial Parent/Guardian	Date	Relationship to Camper					
0.9							
camp. Keep it in the original packaging/bottle that ide age, and the frequency of administration. This person takes NO medications on a routine	·	scribing physician (if a prescription drug), the name of the medication, the dos-					
☐ This person takes medications as follows:							
Med #1 Dos	sage	Specific times taken each day					
Reason for taking							
Med #2 Dos	sage	Specific times taken each day					
Reason for taking							
Med #3 Dos	sage	Specific times taken each day					
Reason for taking							
Attach additional pages for more medications.							
. •							
Attach additional pages for more medications. Identify any medications taken during the school ye							
. •							
Identify any medications taken during the school ye	ear that partici						
Identify any medications taken during the school year The following non-prescription medications may be stocked in the concept of the concep	ear that partici	pant does/may not take during the summer: er and are used on an as needed basis to manage illness and injury. [buprofen (Advil, Motrin)]					
Identify any medications taken during the school year The following non-prescription medications may be stocked in the concess out those the camper should NOT be given. Acetaminophen (Tylenol) Phenylephrine decongestant (Sudafed PE)	ear that partici	pant does/may not take during the summer: er and are used on an <u>as needed basis</u> to manage illness and injury. Second					
Identify any medications taken during the school year The following non-prescription medications may be stocked in the control of the contro	ear that partici	pant does/may not take during the summer: er and are used on an as needed basis to manage illness and injury. lbuprofen (Advil, Motrin) Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin) Dextromethorphan cough syrup (Robitussin DM)					
Identify any medications taken during the school year The following non-prescription medications may be stocked in the concept of the concep	ear that partici	pant does/may not take during the summer: er and are used on an as needed basis to manage illness and injury. Ibuprofen (Advil, Motrin) Pseudoephedrine decongestant (Sudafed) Guaifenesin cough syrup (Robitussin)					

2. Ever had surgery?	/es
2. Ever had surgery?	/es
3. Have recurrent/chronic illnesses?	/es
4. Had a recent infectious disease?	es □No /es □No /es □No /es □No
5. Had a recent injury?	/es □No /es □No /es □No
	′es □No ′es □No
Δ 1. 1. α -	es □No
6. Had asthma/wheezing/shortness of breath?	
· · · · · · · · · · · · · · · · ·	′oo □No
	′es □No
	′es □No
10. Wear glasses, contacts, or protective eyewear? Yes No 20. Traveled outside the country in the past 9 months?	′es □No
and dates of travel.	
Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement. Has the camper:	
1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?	
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?	
3. During the past 12 months, seen a professional to address mental/emotional health concerns?	
4. Had a significant life event that continues to affect the camper's life?	
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)	
	4:
Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.	tion.
Health-Care Providers:	
Name of camper's primary doctor(s): Phone: ()	
Name of dentist(s): Phone: ()	
Name of orthodontist(s): Phone: ()	
What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you	think im-
portant or may affect camper's ability to fully participate in the camp program. Attach additional information if needed.	UIIIIX IIII-

Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.

Cabin Assignment:

Individual Health Record (For Camp Use Only)

Camper Name:			Camper Date of Birth:						
Initial Screening	Date/Time:		Initials:						
Screening has been conducted according	Screening has been conducted according to camp protocol and significant findings noted as follows:								
A. Any signs/symptoms of illness or injury up	A. Any signs/symptoms of illness or injury upon arrival?								
B. History of exposure to communicable dise	B. History of exposure to communicable disease?		Yes as noted below						
C. Additions or corrections to information on	this health history?	☐ No	Yes as noted below						
D. Medication given to health-care staff?		☐ No	Yes as noted below						
E. Any signs/symptoms of head lice?		☐ No	Yes as noted below						
Provider notes: (date/time/initial all entries)									
-									
Exit Note: Check one of the following:									
Left camp this day with no reported illnes	Left camp this day with no reported illness or injury symptoms.								
Left camp this day with the following prol	olem/concern:								
This person was told about the problem and	This person was told about the problem and instructed about follow-up as noted above:								
·		te/Time:							