SUMMER CAMP HEALTH FORM

Camp Kum-Ba-Ya
P O Box 1332
Madisonville, KY 42431

Camp Name/Dates: (Which event are you attending?)_____

The health information is kept confidential and used by our health staff or emergency medical personnel. **Every camper needs a completed health form to participate in any summer camp programs. Please fill out this form as completely as possible.** This is a PDF fillable form, please complete, print, sign and mail in. Please make a copy for your records. Thank you!

SECTION I – BASIC CONTACT INFORMATION

First Name	Last Name	❒ Male ❒ Female	Social Security
Date of Birth	Camper Address		
City	County	State, Zip	Phone
Church Name	Church City, State		

Parent/Guardian #1: PRINT CLEARLY.	
Email:	Cell Phone:
Name:	Relationship to Camper:
Address:	
Home Phone:	Work Phone:

Parent/Guardian #2: PRINT CLEARLY.	
Email:	Cell Phone:
Name:	Relationship to Camper:
Address:	
Home Phone:	Work Phone:

Emergency Contact Information (Other than parent/guardian)	Cell Phone:
Name:	Relationship to Camper:
Address:	
Home Phone:	Work Phone:

Physician's Name: _____ Phone_____

Dentist/Orthodontist Name: _____ Phone_____

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SECTION II – INSURANCE INFORMATION **CAMPER NAME:**_____

IS THE CAMPER COVERED BY MEDICAL/HOSPITAL INSURANCE? ❒ Yes ❒ No Please include a copy (front and back) of your current card.

Insurance Carrier:_____ Policy #:_____ Group #:_____

Policy Holder's Name:_____ Relationship to participant:_____

Billing Address:_____

SECTION III – MEDICATIONS

Will camper be taking medications while at camp? ❒ Yes ❒ No (Medications include prescription, over the counter, vitamins, inhalers, etc.)

If camper will be taking medications while at camp, it is state law to secure your consent for medication distribution and for the use of medical devices. Please list below all prescription and non-prescription medications you are sending. Include the medication name, prescribing physician, physicians' phone number and the dosage instructions. Use an additional sheet if needed. All medicine will be administered by our designated first aid staff.

Consent to Administer Medications – I understand that neither prescription nor over-the-counter medications will be administered to the named Child unless permission and documentation is provided in accordance with the manner prescribed for child care facilities by State laws and attached to this registration. By completing this section, I am giving permission for my child to have the listed medications and dosages. Parent initial _____.

Prescription Medications – Over the Counter Medications – Please put all medications and an updated prescription list in a Ziploc bag with your camper's name. All medications **MUST** be in an original prescription container with the camper's name, physician, and dosage directions on the label. **We cannot dispense medications unless in the proper container.** Check with your pharmacy for a labeled container. **Only send enough medication for the duration of the event.** If you are sending over-the-counter medications, please provide an un-opened container.

Medication Name	Medication Name	Medication Name	Medication Name
Dosage	Dosage	Dosage	Dosage
Frequency – check all that applies. ❒ Breakfast ❒ Lunch ❒ Dinner ❒ Night ❒ As Needed	Frequency – check all that applies. ❒ Breakfast ❒ Lunch ❒ Dinner ❒ Night ❒ As Needed	Frequency – check all that applies. ❒ Breakfast ❒ Lunch ❒ Dinner ❒ Night ❒ As Needed	Frequency – check all that applies. ❒ Breakfast ❒ Lunch ❒ Dinner ❒ Night ❒ As Needed
# pills in container	# pills in container	# pills in container	# pills in container

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# pills in container	# pills in container	# pills in container	# pills in container
Are there any medications that should **NOT** be given at camp? ❒ No ❒ Yes If yes, please list.			

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. **Check those the camper should not be given.**

❒Acetaminophen (Tylenol)
❒Phenylephrine decongestant (Sudafed PE)
❒Antihistamine/allergy medicine
❒Diphenhydramine antihistamine/allergy medicine (Benadryl)
❒Sore throat spray
❒Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)
❒Lice shampoo or cream (Nix or Elimite)
❒Calamine lotion
❒Laxatives for constipation (Ex-Lax)
❒Ibuprofen (Advil, Motrin)
❒Pseudoephedrine decongestant (Sudafed)
❒Guaifenesin cough syrup (Robitussin)
❒Dextromethorphan cough syrup (Robitussin DM)
❒Generic cough drops
❒Antibiotic cream
❒Aloe

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SECTION IV – ALLERGIES **CAMPER NAME:**_____

Does camper have allergies? ❒ Yes ❒ No

❒ Hay Fever ❒ Poison Ivy/Oak ❒ Insect Stings ❒ Penicillin ❒ Other Drugs ❒ Other_____
List Allergies, describe reaction and treatment

SECTION V – IMMUNIZATIONS

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 Parent/Guardian: _____Date:_____
Relationship to camper: _____

Please record the month and year of immunizations. If you do not know the dates or whether camper has had certain immunizations, simply leave blank.

DPT (Diphtheria, Pertussis, Tetanus)	HIB (Haemophilus Influenza B)
Tetanus Booster	TB (Tuberculosis test)
IPV (Polio)	Varcilla (Chicken Pox)
MMR (Measles, Mumps, Rubella)	Hepatitis B
Hepatitis A	

SECTION VI – DIETARY/ALLERGIES

Does camper have dietary restrictions? ❒ Yes ❒ No Does camper have food allergies? ❒ Yes ❒ No

Gluten-Free? ❒ No ❒ Yes	Vegetarian? ❒ No ❒ Yes
Known allergies to food? (allergens, such as peanuts and other nuts may be used and your child might come in contact with these allergens) ❒ No ❒ Yes If yes, please list.	

SECTION VII – HEALTH HISTORY

Please know we value your privacy. Health History information is available only to the designated first aid staff. The more information you provide, the better we can do our job. Thanks!!

Does the camper have a history of or prone to any of the following? Please check all that apply.

❒ 1. Recent injury, illness or infectious disease
❒ 2. Chronic or recurring illness
❒ 3. Asthma
❒ 4. Homesickness
❒ 5. Frequent Ear Infections
❒ 6. Seizure Disorder or Convulsions
❒ 7. Dizziness during or after exercise
❒ 8. Chest pain during or after exercise
❒ 9. Heart Defect/Disease
❒ 10. Hypertension
❒ 11. Bleeding/Clotting Disorders
❒ 12. Diabetes
❒ 13. Mononucleosis (in last 12 months)
❒ 14. Chicken Pox
❒ 15. Measles
❒ 16. German Measles
❒ 17. Mumps
❒ 18. Tuberculosis
❒ 19. Hepatitis
❒ 20. Joint problems (knees, ankles)
❒ 21. Been hospitalized
❒ 22. Frequent Headaches
❒ 23. Head Injury
❒ 24. Eating Disorder
❒ 25. Diarrhea or constipation
❒ 26. Frequent Stomachaches
❒ 27. Wears glasses or contacts
❒ 28. Attention deficit disorder (ADD)
❒ 30. Attention deficit/ hyperactivity disorder (AD/HD)
❒ 31. Fainting

Please list the number and provide explanation of any checked items.

_____

_____

_____

_____

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SECTION VII – HEALTH HISTORY (CONTINUED) **CAMPER NAME:**_____

Date of Last Physical Exam (recommended within 24 months of camp) _____

Participant Limitations:
Physical Activities to be limited or restricted while at camp.

My (our) camper is in good health and able to participate in all normal camp activities? ❑Yes ❑No (if NO list restrictions) _____

_____

_____

_____

_____

SECTION VIII – AUTHORIZATION

Without in any way limiting the extent or scope of the following, I (we) agree to promptly notify the Camp of any new needs, conditions, restrictions, or other information of or affecting the above-named Child's involvement in the Camp or any of its activities, events, leadership, programs, staffing, and supervision and to withdraw Child from any of the same that the Child is or should be restricted or prohibited from engaging in. Such needs, conditions, and restrictions include, without limitation, any food, chemical, and/or other allergies or susceptibilities and any other kinds of health conditions, limitations, or needs (such as, without limitation, any physical, emotional, or mental conditions or illnesses). I also agree to notify Camp promptly upon any change to any of the same or any of the above contact information.

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in event of illness or injury.

Signature of Parent or Guardian_____Date_____

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