Camper's Name: _____

A retreat for children with life-threatening illnesses and their families

Health History Form

Please complete pages 1 and 2 of this form for each person attending <u>with the exception of the camper.</u> Information must be filled out by a parent/guardian for all minors. Any changes to this form should be provided to Camp Sunshine staff prior to arrival.

Name_____ Birth date_____ Age _____ Gender _____

Parent/guardian (if applicable) _____

Name (in full) as you would like it to appear on the nametag _____

Address_____ City_____ State_____ Zip_____

Adults Only: Email Address _____ Adults Only: Phone Number_____

Insurance Information

Is the participant covered by family medical/hospital insurance? ❑ yes ❑ no

Carrier or plan name _____ Policy No. _____ Group No. _____

Medications

Please list all medications taken routinely. Bring enough medication to last the entire camp session. Keep all medication in original packaging/bottle that identifies the prescribing drugs.

Med #1_____Dosage_____Specific times taken each day_____
Reason for taking_____

Med #2_____Dosage_____Specific times taken each day_____
Reason for taking_____

Med #3_____Dosage_____Specific times taken each day_____
Reason for taking_____

General Questions (Explain "yes" answers)

1. Have you had any recent injury, illness, or infectious disease? ❑ yes ❑ no
2. Do you have a chronic recurring illness/condition? ❑ yes ❑ no
3. Have you ever been hospitalized? ❑ yes ❑ no
4. Have you ever had surgery? ❑ yes ❑ no
5. Have you ever had a head injury? ❑ yes ❑ no
6. Have you ever been knocked unconscious? ❑ yes ❑ no
7. Have you ever passed out during exercise? ❑ yes ❑ no
8. Have you ever been dizzy during exercise? ❑ yes ❑ no
9. Have you ever had a seizure? ❑ yes ❑ no
10. Have you ever had chest pain during or after exercise? ❑ yes ❑ no
11. Have you ever had high blood pressure? ❑ yes ❑ no
12. Have you ever been diagnosed with a heart murmur? ❑ yes ❑ no
13. Do you have diabetes? ❑ yes ❑ no
14. Do you have asthma? ❑ yes ❑ no
15. Have you ever had an eating disorder? ❑ yes ❑ no
16. Have you ever had emotional difficulties for which professional help was sought? ❑ yes ❑ no

Please explain "Yes" answers, noting the number of the questions_____
_____
_____
_____

Name _____

Allergies **Describe reaction and management of the reaction**

Medication allergies (list)

_____ _____
_____ _____
_____ _____
_____ _____

Food allergies (list)

_____ _____
_____ _____
_____ _____
_____ _____

Other allergies (list)

_____ _____
_____ _____
_____ _____
_____ _____

Dietary Restrictions

❑ Does not eat pork ❑ Does not eat eggs ❑ Does not eat dairy
❑ Other (describe) _____

Explain any restriction to activities (e.g. what cannot be done, what adaptation or limitations are necessary)

_____
_____
_____
_____

Use this space to provide any additional information about participant's behavior and physical, emotional, or mental health about which camp should be aware_____

_____
_____
_____

To the best of your knowledge, which of the following has the participant had?

❑ Chickenpox ❑ Measles ❑ German Measles ❑ Mumps ❑ Hepatitis A ❑ Hepatitis B
❑ Hepatitis C TB Mantoux Test Result (if applicable): ❑ Positive ❑ Negative

Name of family physician _____ Phone_____

***(YOU DO NOT NEED A PHYSICIAN'S SIGNATURE)**

Parent/Guardian/Adult Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities as noted.

Signature of custodial parent/guardian or adult camper _____
Printed Name _____ Date _____

If this health history form is for yourself as an adult family member or support person, please complete the section below:

I hereby give permission to Camp Sunshine's medical personnel to provide emergency treatment and basic first aid for the person herein described. I further understand and consent that I am responsible for all medical expenses.
Signature of adult camper _____
Printed Name _____ Date _____