

Child's name.....

Sex:  M  F D.O.B. ....

P.O. Box 1143  
Ridgewood, NJ 07451  
201.251.0414  
Fax 201.652.7002



# Health Form Summer of 2011

## To be completed by parent.

Please complete and return this form to the camp office by April 15. The information you provide here will be held in the strictest confidence. It will be kept on file in our camp Health Center or carried by the camp directors or group leaders when your child travels with one of our camp groups. This information will be shared with other key camp staff only on a "need-to-know" basis. Because this is our first resource in the event of an emergency, it is important that you be as specific as possible.

Please be sure to complete the "Child's name" blank at the top of *each* page. This helps us in case pages become separated from each other.

Age as of July 1, 2011 ..... School grade entering in September 2011 .....

Names and ages of siblings in camp: .....

### Emergency Contact Information

Parent's Name .....	Home Phone .....
Home Address .....	Cell Phone .....
Place of Business .....	Work Phone .....
Occupation .....	Days/Hours of Work .....

Parent's Name .....	Home Phone .....
Home Address .....	Cell Phone .....
Place of Business .....	Work Phone .....
Occupation .....	Days/Hours of Work .....

Parents' marital status ..... Child resides with .....  
(Mother, father, stepparents, siblings [give number of siblings], etc.)

If divorced or legally separated, who has custody? ..... Papers on file with camp?  Yes  No

If parents can't be reached in an emergency, notify...

Name..... Relationship ..... Phone .....

Name..... Relationship ..... Phone .....

Name..... Relationship ..... Phone .....

Child's Physician..... Address ..... Phone.....

Dentist/Orthodontist ..... Address ..... Phone.....

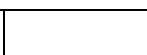
Ophthalmologist ..... Address ..... Phone.....

Where else can parents be reached during the day? (Include locations, phone numbers, and most common times of day)

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*Please complete all pages of this form.*

**Office Use Only.** Please do not place any marks inside this box.



### Allergies

Camper is allergic to the following foods: .....

Describe the reaction (anaphylaxis, etc.) if this food is consumed and what is done to manage it: .....

.....

Camper is allergic to the following medications:.....

.....

Camper is allergic to the following substances:.....

Describe the allergic reaction:.....

.....

### Diet

Please check one:

- Camper eats a regular and varied diet.
- Camper eats a limited diet (Please be specific): .....

Is camper lactose-intolerant?  Yes  No

- If yes, please check one:
- Camper uses a product like Lactaid and/or can self-manage the intolerance.
  - Camper requires a lactose-free diet

Other dietary restrictions: .....

### Chronic Concerns

Camper has the following chronic health concerns:

- Asthma
- Menstrual cramps
- Headaches
- Frequent ear infections
- Diabetes
- Frequent colds
- Sleepwalking
- Bedwetting
- Other (please be specific):.....

Please provide information about supportive health care needed for each checked item:.....

.....

### Medications

If your child must take medication while at camp, please note that here. Do not give your camper's medication to him or her to bring to camp; adhere to the Camp Meds guidelines.

All medication (excluding vitamins) is packaged prior to the first day of camp by *CampMeds* — please see the *CampMeds* information sheet for their guidelines and to sign up for this service. **The only medications allowed on the bus to camp are Epi Pens, Inhalers, Insulin and Growth Hormone.** These medications must be accompanied by a Doctor's order. The prescription label is not an order and is not acceptable. The Growth Hormone must be packaged in an individual cooler.

Camper takes the following routine medications (including vitamins).

Name of medication: .....	Name of medication: .....
Reason for Taking: .....	Reason for Taking: .....
Dosage: .....	Dosage: .....
How often/what times: .....	How often/what times: .....

*Please attach and sign additional pages as necessary.*

**General History**

- Has the camper had chicken pox or been immunized for chicken pox? .....  Yes  No
- Has the camper had mononucleosis in the past 12 months?.....  Yes  No
- Is the camper's hearing within normal ranges? .....  Yes  No
- Does the camper use glasses or contact lenses to correct vision?.....  Yes  No
- Is the camper free of illness, injury, or other condition which would affect program participation? .....  Yes  No
- Is the camper prepared to fall asleep at night without supports such as reading or listening to music? .....  Yes  No
- Does the camper typically make noises while sleeping (snoring, talking in sleep, etc.)? .....  Yes  No
- Does the camper usually get up at night to use the bathroom? .....  Yes  No
- Does the camper share his or her bathroom at home with at least one other person? .....  Yes  No
- For girls: Has this camper menstruated?.....  Yes  No
  - If yes, is the camper's menstrual history normal? .....  Yes  No
  - If no, has the camper been spoken to about menstruation? .....  Yes  No

**Mental and Emotional History**

- Has the camper been diagnosed with Attention Deficit Disorder (ADD or ADHD)?.....  Yes  No
- Has the camper received a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder?.....  Yes  No
- Does the camper have an emotional health concern? .....  Yes  No
- Does the camper have a learning disability?.....  Yes  No
- Has the camper seen or is the camper currently seeing a professional to address mental and/or emotional health concerns?.....  Yes  No

If "Yes" was answered to any of the five questions above, please attach a statement from your physician or psychiatrist which describes the concern and the camper's management plan, describes the behaviors which would indicate to our staff that your camper may need a professional referral, and provides a recommendation for participation in the camp program.

**Additional Information**

What have we forgotten to ask? Please provide any other information that would be useful to us in caring for your child.

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If you are planning a trip during the summer, please note dates, itinerary, and phone numbers. Please inform the camp office in writing of who the child's caretaker will be.

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**Health Insurance**

It is essential for us to have your child's insurance coverage information on file. There is generally no charge for health care received from camp medical staff. In the event that outside diagnostic or treatment services are required while your camper is at camp, the family's insurance plan will be primary.

Name & Birthdate of parent through whom your insurance plan is written: .....

Name of Insurance Company: .....

Plan Name: ..... Type: ..... Card Number: .....

If this plan is a group plan provided through an employer...

Employer's name:..... Group number: .....

Type: .....

Card Number:.....

Are prescriptions covered by this insurance plan?  Yes  No

(If prescriptions are not covered, the cost of prescriptions and/or co-pay will be charged to your tuition account or camper account.)

**Please include a photocopy of *both sides* of your insurance card.**

**Parent's Authorization**

The health information provided here and in other related documentation is correct and complete as far as I know. This camper has permission to participate in all camp activities except as otherwise noted in writing.

I give permission to the camp to provide routine health care, administer prescribed medications, and seek outside medical treatment, including x-rays and routine tests. I agree to the release of any records necessary for insurance or treatment purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form and other information may be photocopied or faxed and those copies should be considered as valid as the original.

Signature of Parent.....

Printed Name ..... Date .....

**For Camp Use Only**

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