HEALTH HISTORY 2023 *page 1 of 2*

(For campers with diabetes - To be completed by Parents - Must be returned by May 1, 2023)

Camper _____ Birthdate _____ Session ____
Last Name First Name

Parent or Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Home Email Address _____ Occupation _____
Employer Name _____ Employer Phone _____
Business Address _____

Second Parent or Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Home Email Address _____ Occupation _____
Employer Name _____ Employer Phone _____
Business Address _____

If not available in an emergency, notify:
Name _____ Relationship _____ Phone _____
Address _____

HEALTH HISTORY

- ☐ Frequent Ear Infections
- ☐ Heart Defect/Disease
- ☐ Asthma
- ☐ Convulsions/Seizures most recent date: _____
- ☐ Bleeding/Clotting Disorders _____
- ☐ Incontinence (bedwetting, soiling) _____
- ☐ Environmental Allergies
- ☐ Insect Allergies
- ☐ Other _____
- ☐ Hypertension
- ☐ ADHD
- ☐ Food Allergy (need MD verification) _____
- ☐ Medication Allergy _____

Operations or serious injuries (include dates) _____

_____

Has your child ever had a seizure with a low blood sugar? _____

Does your child require any medication other than insulin? _____ If yes, please complete the Administration of Medication form and list medications here:

_____

Name of Family Physician/Pediatrician _____ Phone _____

Name of Endocrinologist _____ Phone _____

Name of Dentist/Orthodontist _____ Phone _____

Do you carry family medical/hospital insurance? _____ If yes, indicate Carrier:

_____ Policy or Group # _____

Prescription Plan _____

YOU MUST BRING YOUR INSURANCE CARD AND A COPY TO CAMP. AT INTAKE WE WILL KEEP THE COPY.

Name of Subscriber _____ Subscriber's Date of Birth _____

[COMPLETE AND SIGN PAGE TWO]

continued on next page

PO Box 156 • 910 Saddleback Road • Stillwater, NJ 07875-0156
Phone: (973) 383-2611 • Fax: (973) 383-9891 • E-mail: information@campnejeda.org

HEALTH HISTORY 2023 *page 2 of 2*

If on an insulin pump, please list brand/model: _____ Pump serial number: _____

If on an insulin pump, when did they begin using their pump, and has he/she had any problems with the pump? _____

_____

If on an insulin pump, what is their level of independence? (check any that apply)

☐ Able to input carbs into pump with adult supervision ☐ Requires nurse to enter carbs into pump

What was the result and date of your child's last Hemoglobin A1c (HbA1c)? _____

Diabetes Diagnosis Date (month/year): _____ Age at Diagnosis: _____

What rapid acting insulin does your child use? _____ Long acting? _____

If on injections, what skill(s) does your child have? (check any that apply)

☐ Prepares pen for injection ☐ Injects self ☐ None of the above

What level of activity does your child have? ☐ Active ☐ Moderate ☐ Sedentary If sedentary, how many hours/day are they sedentary? ____

List any dietary restrictions for your child (e.g. vegan, Kosher, no-salt, etc.): _____

_____

If applicable: Has your child ever had a period? _____ If not, has your child been told about it? _____

If yes, does your child have periods every month? _____ Any problems with periods? _____

PLEASE NOTIFY THE CAMP IF CHILD HAS ANY ILLNESS WITHIN THREE WEEKS PRIOR TO CAMP.

Please note:

YOU MUST PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD FROM HIS/HER DOCTOR OR SCHOOL. YOUR CHILD CANNOT BE ALLOWED IN CAMP WITHOUT THIS INFORMATION.

Date of last tetanus shot _____ (Very Important!)

If your child has received COVID vaccination please upload the document.

Suggestions for camp medical personnel _____

_____

If this child attends camp, I give consent to the administration of insulin and whatever other medical care may be deemed necessary while at camp. In case of MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers.

I do hereby state that I am the parent/guardian having legal custody of

_____ a minor, age _____

I authorize Camp Nejeda to consent to any laboratory or X-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to my child under the supervision of a licensed physician. I hereby release the camp from liability for any accident or injury to said child occurring at camp or on a camp-sponsored trip off the site. Camper's forms may be photocopied as necessary.

Signature _____ Date _____

Printed Name _____ Relationship to Camper _____

PO Box 156 • 910 Saddleback Road • Stillwater, NJ 07875-0156

Phone: (973) 383-2611 • Fax: (973) 383-9891 • E-mail: information@campnejeda.org