HEALTH HISTORY – 2023

For All Staff (with or without Diabetes) and Campers without Diabetes

Name _____ Birthdate _____ Gender _____ Age _____
(Last) (First) (MI)

Gender Identity ☐ Male ☐ Female ☐ Non-Binary/Non-Conforming ☐ Other _____

Race (select all that apply) ☐ Caucasian ☐ African American ☐ Asian ☐ Hispanic
☐ Native Hawaiian/Pacific Islander ☐ American Indian/Native American ☐ I choose not to disclose

To celebrate the diverse backgrounds of our staff at Camp Nejeda, flags are displayed in the dining hall which represent our cultural heritage. If you would like to participate, please tell us which countries you would like included: _____

Home Address _____

Email Address _____

Parent or Guardian _____ Phone(s) _____

If not available in an emergency, notify: Name _____

Relationship _____ Phone(s) _____

HEALTH HISTORY

☐ Diabetes
☐ Kidney Disorder
☐ Frequent Ear Infections
☐ Hypertension
☐ Heart Defect/Disease
☐ Asthma
☐ Bleeding/Clotting Disorder
☐ Hepatitis
☐ Other: _____
_____
☐ Convulsions/Seizures
Most recent date: _____
☐ Psychiatric Treatment
Details: _____
_____

ALLERGIES

☐ Insect Stings
☐ Environmental Allergies
☐ Penicillin
☐ Latex Allergy
☐ Drug Allergy: _____
_____
☐ Other (foods, plants): _____
_____

Date of last tetanus shot _____ (Very Important)

Operations or serious injuries (include date) _____

Disability, chronic or recurring illness or medical condition (other than diabetes) _____
_____

Do you take any medication other than insulin? _____
If yes, list the name of medicine, times and doses (be specific)

Medication (attach sheet if needed)	Dose	Time
_____	_____	_____
_____	_____	_____

Name of Primary Care Physician: _____ Phone: _____

Name of Endocrinologist: _____ Phone: _____

Please notify the camp if you have had any illness in the three weeks prior to camp.

YOU MUST BRING YOUR INSURANCE CARD TO CAMP AT INTAKE TO BE PHOTOCOPIED.

Name of Subscriber _____ Subscriber's Date of Birth _____

Subscriber's Employer _____ Subscriber's Occupation _____

Please Note: YOU ARE NOT ALLOWED IN CAMP WITHOUT A COPY OF YOUR IMMUNIZATION RECORD FROM YOUR DOCTOR OR SCHOOL. If records are already on file, only updates are required (including tetanus).

Staff signature _____ **Date** _____

(A parent/guardian signature is ALSO required (on the back of this form) for any staff member who will not yet be 18 on the day that staff orientation starts.)

Parent/Guardian consent for staff members who are minors

I give consent to the administration of insulin and whatever other medical care may be deemed necessary while at camp. I understand that as a staff member, my child's insulin administration is NOT being supervised by Camp Nejeda. In case of MEDICAL EMERGENCY, I understand every effort will be made to contact the staff person's parent(s) or guardian(s). 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 any liability for any accident or injury to said person occurring at camp or on a camp-sponsored trip off the site. Forms may be photocopied as necessary.

Signature _____ **Date** _____

Printed Name _____ **Relationship to Camper** _____