



HEALTH HISTORY 2023 page 1 of 2

(For campers with diabetes - To be completed by Parents)

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

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 TO CAMP AT INTAKE TO BE PHOTOCOPIED.

Name of Subscriber _____ Subscriber's Date of Birth _____

[COMPLETE AND SIGN PAGE TWO]

continued on next page

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 _____