



CAMPER HEALTH HISTORY 2024 page 1 of 2

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

Operations or serious injuries (include dates) _____

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 Endocrinology Practice: _____ Location: _____

Name of Endocrinologist(if applicable) _____ 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]

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Campers with diabetes, please complete the following section:

Has your child ever had a seizure with a low blood sugar? _____
If on an insulin pump, please list brand/model: _____ Pump serial number: _____
If on an insulin pump, when did they begin using this pump? _____
Has he/she had any problems with this pump? (If yes, please describe) _____

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)? _____ Test Date: _____
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 is your child's level of activity? Active Moderate Sedentary If sedentary, how many hours/day are they sedentary? ____
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 (including a mental health crisis) 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. *Please submit by 3/1/2024.*

Suggestions for camp medical personnel _____

If my 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 Nejedra 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 _____
Print Name _____ Relationship to Camper _____

