girl scouts of northern california

Camper / Aide - Health History Record

***PARENT:** Complete form through Part VII: Parent Consent section on the back.*

Mail this form to: Camp Arequipa P.O. Box 774 Fairfax, CA 94978- we need it at least 2 weeks before camp but prefer to receive it sooner

PART I: PARTICIPANT RECORD

Name - Last, First,Middle Initial | Birth Date - MM/DD/YYYY | Age

Home Address | City/State/Zip

Parent/Guardian Name | Day Time Telephone ( ) | Evening Phone ( ) | Cell Phone ( )

Parent/Guardian Name | Day Time Telephone ( ) | Evening Phone ( ) | Cell Phone ( )

PART II: EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED

Name | Day Time Telephone ( ) | Evening Phone ( )

Home Address | City/State/Zip | Relationship to Girl

PART III: HEALTH INSURANCE INFORMATION

Name of family PHYSICIAN: ______________________ Telephone: ( ) ______________________

Address of family PHYSICIAN: ______________________ City / State / Zip ______________________

Family Medical/Hospital INSURANCE CARRIER: ______________ POLICY/GROUP NUMBER: ______________

Do you have membership with a Health Maintenance Organization (HMO) such as Kaiser, Lifeguard, etc.? ❒Yes❒No

If yes, what ID number do you use? What is the HMO main phone number for emergencies? ( )

PART IV: ALLERGIES/ILLNESSES/INJURIES

Allergic Reaction: (Check those that apply and specify nature of allergic reaction) **❒ Check here for no known allergies**

❒Animals ______ ❒Hay Fever ______ ❒Medicines/Drugs ______

❒Pollen ______ ❒Food ______ ❒Insect Stings ______

❒Plants/Poison Oak ______ ❒Other (specify) ______

Chronic or Recurring Illnesses: (Check those that apply and give appropriate dates)

❒Asthma ______ ❒Diabetes ______ ❒ Heart Defect/Disease ______

❒Musculoskeletal Disorder ______ ❒Bleeding/Clotting Disorders ______ ❒Ear Infection ______

❒Hypertension ______ ❒Seizures/Convulsions ______ ❒ Mononucleosis ______

❒ Skin Disease/MRSA ______ ❒Other (specify) ______

Childhood Diseases: (Check those that apply and give appropriate dates)

❒ Chicken Pox ______ ❒ Measles ______ ❒ German Measles ______

❒Mumps ______ ❒Other (specify) ______

Other Health Conditions: (Check those that apply)

❒Attention Deficit Disorder (ADD) ❒Down's Syndrome ❒Hearing Impairment ❒Nose Bleeds

❒Wears Glasses/Contacts ❒Bed Wetting ❒Emotional Disturbances ❒Menstrual Cramps

❒Sickle Cell Trait/Disease ❒Special Dietary Regimen ❒Dental Braces ❒Fainting

❒Motion Sickness ❒Sleep Disturbances ❒Visual Impairment ❒Autism Spectrum

List any current physical, mental or psychological health conditionsrequiring medical treatment, special restrictions or considerations: ______

List any dietary restrictions or special considerations: ______

List any previous medical treatments, operations or serious injuries, provide dates: ______

PART V: MEDICATION

Over-the-counter medicines will be used to treat routine illness per Treatment Protocols. (Acetaminophen is used in place of aspirin.) Please list any over-the-counter medicines you **DO NOT** want you or your child to receive: ______

Do you take any medications? ❒ NO ❒ YES

If YES, list medication, dosage, and possible side effects.

MEDICATION	DOSAGE	POSSIBLE SIDE EFFECTS

NOTE: We cannot administer medication that is not in its original container, labeled by the pharmacy with the name, address, dosage and frequency. Please label with name and dosage any over-the-counter drugs - anti-histamines, vitamins, etc.

PART VI: IMMUNIZATION HISTORY – REQUIREDI am providing a list of all medical immunization with the health history form OR I attest that all immunizations for school are current.		
Vaccines	**Date: Month / Year**	**Date: Month /Year**
Diptheria, Tetanus and Pertussis- DTP, DTaP or any combination of DTP or DTaP with DT (tetanus and diphtheria)		
Tdap Booster		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles, Mumps, Rubella (MMR)		
Varicella		
Hepatitis B		
Tuberculin test given		
Other:		

List any condition that would limit full activity and in what way:____

____

____

Additional comments:____

____

____

PART VII: TREATMENT CONSENT

This health history is correct as far as I know, and my child has permission to engage in all prescribed activities, except as noted by me and the physician. My child is in good health. I give permission for my child to receive treatment for routine medical and/or first aid needs, as outlined in the Treatment Protocols and for the administration of prescribed medications. In the event I cannot be

reached in an emergency, I give my permission for my child(state child's name) ______________________________ to receive emergency medical and surgical treatment and to be hospitalized, if necessary. It is understood every effort will be made to contact me or the emergency contact noted above, before taking this action.

*All medications being taken are listed on the front of this form.

____

Signature of Parent / Guardian **Date**

AUTHORIZATION FOR PICK-UP AT BUS STOPS:

Please enter the names of authorized signers for pick-up at the afternoon bus stop into your online registration record. Please make sure that both parents/guardians names (if applicable) are entered in your record so that they will show up as authorized signers. You also have the option to indicate the name(s) of people who cannot pick-up, if needed. We print our lists from the database two weeks prior to camp. Please update your names prior to this time or contact camp at daycamp@camparequipa.org or bring a note to the morning bus checker after that time to make changes. **All campers MUST take the bus to/from camp**- unless they are arriving with THEIR OWN PARENT who is a volunteer (children of volunteers do NOT take the bus unless their parent is the bus rider.) Please do not make arrangements with another parent to drive your camper to camp, as we do not verify driver status for our volunteers. This also complicates our camp security procedures.

PHOTO PERMISSIONS:

We take unit photos at camp which we send home with each participant at the end of camp. In addition, many adults at camp enjoy taking photos throughout the week, and often share them with one another and with others. We occasionally update our website with new photos from camp.

I authorize Camp Arequipa to take photos of my camper as listed above.

Signature of Parent/Guardian: ____