

2010 Camp Kanata Health and Medical Form

13524 Camp Kanata Road, Wake Forest NC 27587
Phone 919-556-2661, Fax 919-556-9459

Attach a copy of the front and back of your health insurance card

Camper's Name _____ Date of Birth _____ Sex _____
Last First Name Called

Home Address _____
Street Address City State Zip

Custodial Parent/Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____

Other Parent/Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____

If not available, notify _____ Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Co. _____ Policy Holder _____ Policy # _____

Health Care Recommendations by Licensed Medical Personnel (signed within 24 months of attendance)

I have examined the above camp participant. Date of last examination _____

BP _____ Weight _____ Height _____

In my opinion the above applicant ___ is ___ is not able to participate in an active camp program.

The applicant is under care of a physician for the following conditions and current treatment is _____

Recommendations and Restrictions at Camp

Medications to be administered at camp (name, dosage, frequency) _____

Known allergies _____

Is child on a restricted diet? If yes, why? Diagnosed Celiac Disease or other? _____

Description of any limitation or restriction on camp activities _____

Additional information for health care staff at the camp _____

Signature of Licensed Medical Personnel _____

Printed _____ Title _____

Address _____

Phone _____ Date _____

Note to Parent/Guardian or Staff Member: A completed medical form, signed and dated within 24 months of attendance is required for all campers and staff. Please remember to complete the second page of this form. Please fax or mail your completed form two weeks prior to your arrival at camp. Thank you!

Camper's Name (Last, First, Name called) _____

Permission to Provide Necessary Treatment or Emergency Care:

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to administer medications, order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult staff _____ Printed Name _____ Date _____

**If for religious reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.*

Medications

Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. **Do not pack medications; bring medications to check-in to be reviewed by nurse.**

Health History: The parent/guardian or adult staff member must fill out the following information. **Keep a copy of the completed form for your records.** Any changes to this form should be reported to camp health personnel upon arrival.

General Questions (Explain "yes" answers below.)

- Has/does the participant Yes No
1. Had any recent injury, illness or infectious disease?
 2. Have a chronic or recurring illness/condition?
 3. Ever been hospitalized?
 4. Ever had surgery?
 5. Have frequent headaches?
 6. Ever had a head injury?
 7. Ever been knocked unconscious?
 8. Wear glasses, contacts or protective eyewear?
 9. Ever had frequent ear infections?
 10. Ever passed out during or after exercise?
 11. Ever been dizzy during or after exercise?
 12. Ever had seizures?
 13. Ever had chest pain during or after exercise?
 14. Ever had high blood pressure?
 15. Ever had problems with joints (e.g. knees, ankles)?

- Has/does the participant Yes No
16. Have an orthodontic appliance being brought to camp?
 17. Have any skin problems (e.g. itching, rash, acne)?
 18. Have diabetes?
 19. Have asthma?
 20. Had mononucleosis in the past 12 months?
 21. Had problems with diarrhea/constipation?
 22. Have problems with sleepwalking?
 23. If female, have an abnormal menstrual history?
 24. Have a history of bed-wetting?
 25. Ever had an eating disorder?
 26. Ever had emotional difficulties for which professional help was sought?
 27. Have known allergies?
 28. Have ADD/ADHD or other learning disabilities?

Please explain any "yes" answers, noting the number of the questions.

Which of the following has the participant had?

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis

TB Mantoux Test

Date of last test _____

Result: Positive Negative

Please give all dates of immunization for:

Vaccine:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
Or Measles	_____	_____	_____	_____	_____	_____
Or Mumps	_____	_____	_____	_____	_____	_____
Or Rubella	_____	_____	_____	_____	_____	_____
Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Varicella (chicken pox)	_____	_____	_____	_____	_____	_____
BCG	_____	_____	_____	_____	_____	_____

NOTE:

- Please write or call the camp if your child is exposed to or has contracted any potentially serious communicable disease such as chicken pox, hepatitis, meningitis, etc. during the three weeks prior to camp attendance.

Note to Parent/Guardian or Staff Member: A completed medical form, signed and dated within 24 months of attendance is required for all campers and staff. Please remember to complete the first page of this form. Please fax or mail your completed form two weeks prior to your arrival at camp. Thank you!