Health History Form

Adult Campers
Winter Youth Retreats

Camp and Retreat Ministries
Oregon-Idaho Conference
1505 SW 18th Avenue
Portland, OR 97201

Dates of Camp Attendance ______________________________

Name of Camp Session or Event ______________________________

Site: Suttle Lake Camp

<u>Bring this form with you to the retreat</u>
Forms must be left at camp; if you need them for your travels, please make a copy before camp.

This completed form (all pages) should be sent to the camping office at least 10 days prior to your event. Attach additional pages if needed. Any changes to this form should be provided to camp health personnel ***in writing*** upon participant's arrival at camp.

Camper's Name______________________________ Birthdate__________

Preferred pronoun(s) ______________________________

Address______________________________ Gender ☐ Male ☐ Female ☐ X

City______________State____Zip__________Email______________Phone __________

In case of emergency, notify: ______________________________

Address______________________________ Phone ______________

City______________State__________Zip__________Relationship to Camper__________

Cabin Assignment (For Camp Staff Use Only) ______________________________

General Information Height (Feet and Inches):__________ Weight (Lbs): __________

ALLERGIES AND DIETARY RESTRICTIONS

Do you have any allergies?

Yes No

If Yes, circle one: Food Drug Environmental/other

Allergic to: ______________________________

Allergic reaction details:

____

____

Do you require an EpiPen?

Yes No

Please provide details about your anaphylaxis, including description of the reaction

____

____

____

Do you have any dietary restrictions? If yes, please provide details below.

Yes No

____

____

____

____

____

MEDICATIONS

Will you be taking any medications while at camp? Yes No

Please attach additional sheets as necessary. Medicine must be brought to camp in its original packaging.

Medication: ____ Dose: ________________________________

Times taken each day:____Breakfast_____Lunch_____Snack_____Dinner_____Before Bed_____As Needed

Please explain the reason for the medication and any notes on giving this medication.

Medication: ____ Dose: ________________________________

Times taken each day:____Breakfast_____Lunch_____Snack_____Dinner_____Before Bed_____As Needed

Please explain the reason for the medication and any notes on giving this medication.

Medication: ____ Dose: ________________________________

Times taken each day:____Breakfast_____Lunch_____Snack_____Dinner_____Before Bed_____As Needed

Please explain the reason for the medication and any notes on giving this medication.

IMMUNIZATIONS

Please list the date of your <u>most recent</u> vaccination or booster, if any, for the following:

Vaccine	Immunized (Y/N)	Date of most recent vaccination/booster (if known)
COVID-19—Recommended		Please enter dates of both doses or note if received the one-dose Johnson & Johnson vaccine (with date).
TB		
Diphtheria/Pertussis/Tetanus (DTaP)		
Haemophilus Influenza B		
Hepatitis A		
Hepatitis B		
Pneumococcal (PCV)		
Meningococcal Meningitis (MCV4)		
Influenza (Flu)		

If you have not been fully immunized, please explain.

HEALTH HISTORY

Have you had any operations? (Circle Yes or No). If Yes, please explain the operation(s), including date(s). Yes No

____

____

Have you ever been hospitalized or had a serious injury? (Circle Yes or No). If Yes, please explain the reason(s) for hospitalization(s) or the serious injury(ies) and the dates they occurred. Yes No

____

____

Have you been exposed to any communicable diseases within the last 3 months? If Yes, please explain what disease(s) you have been exposed to, and when the exposure occurred. Yes No

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____

Do you have any restrictions on activity? If yes, please explain what activities must be restricted and list any special accommodations that should be made. Yes No

____

____

Will you require any special assistance while at camp? If yes, please explain what assistance will be required. Yes No

____

____

Please list any health information regarding current or on-going physical, mental, emotional, social health, developmental, or psychological conditions the camp should know.

____

____

____

Is there anything you would like to discuss with the camp medical staff?

____

____

DOCTOR INFORMATION

Family Doctor (write NONE if you don't have one)

____

Phone:____

Family Dentist (enter NONE if you don't have one)

____

Phone: ____

HEALTH INSURANCE INFORMATION

(Write N/A if you don't have insurance)

Full Name of Policy Holder: ____

Insurance Company / Plan Name:____________________**Health Insurance Policy Number:** ________________

Insurance Group Name or Number: ________________________

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I hereby certify that this information is correct. In case of medical emergency, I understand that every effort will be made to contact the emergency contact I have provided. In the event they cannot be reached, I hereby give permission to the medical personnel selected by the camp to secure and administer treatment, including hospitalization, and to provide or arrange necessary related transportation for me. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care. I agree to the release of any records necessary for insurance purposes. A printed version of this completed health form may be photocopied for trips out of camp.

Your signature below confirms that you have read the medical waiver, that you understand it, and that you agree to be bound by it. If you do not agree to this waiver, you will not be able to attend camp.

Your Full Name:____________________________ Date: ____

Signature: ____

SOCIAL MEDIA POLICY

I confirm I have read and understand the Social Media Policy of Camp and Retreat Ministries of the Oregon-Idaho Conference. For more details: https://www.gocamping.org/readysetgotocamp.

If you do not sign, you will not be able to attend camp.

Your Full Name:
____

Signature:
____

Date:
____

PHOTO RELEASE

I give permission for my photo, oral interview or written material to be used in advertising of the camp or camping program. For more details: https://www.gocamping.org/readysetgotocamp

(Do not sign if you do not give permission.)

Your Full Name:
____

Signature:
____

Date:
____