Health History Form

Youth Campers

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

Bring this form with you to the retreat.

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 _____

Parent/Guardian Name(s): _____

Primary Phone _____ Other Phone _____email _____

Address *(if different)*_____City_____State_____Zip_____

If parent is not available in 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

Does your child have any allergies?

Yes No

If Yes, circle one: Food Drug Environmental/other

Allergic to: _____

Allergic reaction details:

_____

_____

Does your child require an EpiPen?

Yes No

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

_____

_____

_____

Does your child have any dietary restrictions? If yes, please provide details below.

Yes No

_____

_____

_____

MEDICATIONS

Will your child 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 to your child.

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.

For minor youth staff (paid or volunteer): **If you require any medication that might impair your ability to perform the essential functions of your position, you must discuss details with the camp healthcare provider before starting work.**

Does your child regularly take any medications that will not be taken at camp? Yes No

Please explain what medications your child takes regularly and why they are taken.

May the following over-the-counter medications be given to your child while at camp?

Acetaminophen (Tylenol)	Yes	No	Cortaid	Yes	No	Robitussin DM	Yes	No
Anatacids	Yes	No	Dimetapp	Yes	No	Sting Swabs	Yes	No
Antibiotic Cream	Yes	No	Ibuprofen (Advil)	Yes	No	Sudafed	Yes	No
Antihistamines (Benadryl, Diphenhydramine)	Yes	No	Insect Repellent	Yes	No	Sunburn Spray (Solarcaine)	Yes	No
ASA (Aspirin)	Yes	No	Pepto-Bismol	Yes	No	Sunscreen	Yes	No
Calamine Lotion	Yes	No	Robitussin	Yes	No			

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child?

IMMUNIZATIONS

Please list the date of your child's <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) and any boosters.
Chicken Pox (Varicella)		
Diphtheria/Pertussis/Tetanus (DTaP)		
Hepatitis A		
Hepatitis B		
Human Papilloma Virus (HPV age 9+)		
Polio (IPV/OPV)		
Measles/Mumps/Rubella (MMR)		
Pneumococcal (PCV)		
Meningococcal Meningitis (MCV4)		
Influenza (Flu)		

If your child has not been fully immunized, please explain.

HEALTH HISTORY

Has your child experienced, or is currently experiencing, any of the following conditions? (Circle any that apply).

ADD/ADHD
AIDS/ARC
Asthma/Inhaler
Athlete's Foot
Back Pain or Injury
Bedwetting
Behavioral Issues
Blackouts/Fainting
Bleeding disorder
Cancer
Chest pain
Crohn's
Colitis
Concussion
Constipation/Diarrhea
Convulsions
Dental Braces, Caps, or Bridges
Depression
Developmental Delays
Diabetes
Down Syndrome
Ear Infections
Eating Disorder
Epilepsy
Excessive weight gain/loss
Fetal Alcohol Syndrome
Frequent Colds
Hay Fever
Headaches
Hearing Problems
Heart Disease
Hernia
High Blood Pressure
Homesickness
Irritable Bowel Syndrome
Kidney Disease
Lice
Menstrual Difficulties
Mental Health Issues
Motion Sickness
Mouth Injuries
Neck Pain or Injury
Nightmares/Terrors
Pneumonia
Problems Breathing or Coughing
Respiratory Ailments
Rheumatic Fever
Seizures
Sinus Infections
Skin Problems
Sleepwalking
Sore Throats
Speech Problems
Stomach Aches
Tonsillitis
Ulcer
Urinary Tract Infection
Uses eye glasses or contacts
Visual Problems
Other

Please fully explain any conditions your child is <u>currently</u> experiencing.

Has your child had any operations? (Circle Yes or No). If Yes, please explain the operation(s), including date(s):

Yes No

Has your child 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

Has your child had any of the following diseases? (Circle Yes or No). If Yes, please give date(s).

Chicken Pox Yes No	Hepatitis B Yes No	Measles (Red) Yes No	Rheumatic Fever Yes No
COVID-19 Yes No	Hepatitis C Yes No	Mono (past 1 year) Yes No	Scarlet Fever Yes No
Hepatitis A Yes No	Measles (German) Yes No	Mumps Yes No	Whooping Cough Yes No

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

Does your child have any restrictions on activity?

Yes No

Will your child require any special assistance while at camp?

Yes No

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

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:

My child has permission to take part in all camp activities under supervision unless limitations are noted above, and I agree that the camp or camp personnel will not be held responsible for accidents arising therefrom. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. In the event that I or the emergency contact cannot be reached in an emergency, 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 the person named above. 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 to my child. 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, your child will not be able to attend camp.

Parent/Guardian 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, your child will not be able to attend camp.

Your Full Name:
_____

Signature:
_____

Date:
_____

PHOTO RELEASE

I give permission for my/my child's 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

Your Full Name:
_____

Signature:
_____

Date:
_____