2024 Camp Pioneer –Student Health History Form

Student Name:	**Birth Date:**
Teacher:	**School:**
Parent or Legal Guardian:	**Height:**
Address:	**Weight:**
City: **State:** **Zip:**	**Sex:** **F or M**
Daytime Phone Number :	**Evening Phone Number :**
Telephone: (Cell or other alternate)	
Emergency Contact Person:	**Phone:**

Date of Last Tetanus Booster:
Allergies:
Chronic or Recurring Illnesses:
Operations or Serious Injuries:
Health Concerns or Activity Restrictions
Current Medications*: Will your child need prescription medication to be given during camp? Yes _____ No _____ (complete additional form) When: _____ morning _____ lunch _____dinner _____bedtime _____other Will your child need over the counter medication during camp? Yes _____ No _____ My child can take Ibuprofen or Tylenol if needed, per standing orders at camp. Yes ____ No _____ If No, please explain _____ ***All medications must be brought to camp in the *original prescription container* which has the student's name, physician's name, type of medication, and prescribed dose.**

Physician's Name:	Phone Number:
Health Insurance Carrier:	Policy Number:

The following information is important and will be confidential. Please answer yes or no next to each possible concern that could arise while at camp.

1. ***Has your child spent a night away from home before?*** _____

Sleepwalker? _____ Bed Wetter? _____

Difficulty Sleeping? _____ Easily overheats? _____

Fear of the Dark? _____ Particular Fears? _____

2. ***Does your child have any allergies or unusual susceptibilities to:***

Bee sting? _____ Poison Ivy? _____

Pollen ? _____ Asthma? _____

Other? _____

3. ***Does your child have any <u>documented</u> dietary restrictions?*** _____

Vegetarian_____ No pork/gelatin _____

Dairy _____ Eggs _____

Keto _____

4. **Other information that would be helpful:**_____

_____

_____

_____

_____

_____

INFORMATION ABOUT HEALTH CARE AT CAMP

Your child's health and safety is one of our most important responsibilities. There is a registered nurse on duty when children are at camp. We also consult with medical doctors if issues arise. Such things as insect bites, headaches, minor poison ivy, upset stomachs, cuts, scrapes, etc., are considered routine medical care and district protocol/procedures will be followed. ***It is our policy to contact parents only if a child experiences illness or injury requiring more than routine medical care.*** Do not send a cellphone to camp with your child. Please remember that your child is our first concern. First, we will seek the necessary treatment; then, we will follow-up with you. Please feel free to contact the Camp Director or Camp Nurse to ask any questions about your child. Sherwood Forest's medical insurance is secondary coverage; if a camper requires medical treatment and has medical insurance, the parent will be billed as having primary coverage.

PARENT/GUARDIAN AUTHORIZATION

This health history is correct and accurately reflects the health status of the camper to which it pertains. The person described has permission to participate in all Sherwood Forest activities except as noted by me and/or the examining physician. I give permission to the physician selected by Sherwood Forest to order x-rays, routine tests, and treatment related to the health of my child for both routine healthcare and in emergency situations; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. I understand the information on this form will be shared on a "need to know" basis with Sherwood Forest staff. In addition, Sherwood Forest has permission to obtain a copy of my child's health record from providers who treat my child, and these providers may talk with the camp staff about my child's health status. I give permission to photocopy this form.

Parent Name: _____

Parent Signature: _____

Cell phone Number: _____