## ■ HEALTH HISTORY FORM FOR CAMP

**2025**

The information on this for is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

■ Session(s) attending:

Family Camp-Adult

**TO BE COMPLETED BY ADULT ATTENDEE:**

■ First: _____ Middle: _____ Last: _____

- Home Address: _____
- Birth Date: _____ ● Home Phone # ( ) _____
- Gender: ☐ Male ☐ Female ☐ Genderqueer/Non-Binary ☐ Fill In The Blank: _____

■ Emergency Contact: _____

- Relationship: _____ Home Phone: ( ) _____
- Address: _____
- Cell Phone: ( ) _____ Work Phone: ( ) _____

■ **INSURANCE INFORMATION:**

- Is the Attendee covered by family medical/hospital insurance? YES ☐ NO ☐
- If YES, indicate carrier or plan name: _____

  Group # : _____

**☑ Photocopy of front & back of health insurance card(s) must be attached to form.**

■ **GENERAL QUESTIONS (Explain 'YES' answers below or on separate sheet)**

| ● Has/does the Attendee: | 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. Ever had frequent ear infections? | ☐ | ☐ |
| 9. Ever passed out during or after exercise? | ☐ | ☐ |
| 10. Ever been dizzy during or after exercise? | ☐ | ☐ |
| 11. Ever had seizures? | ☐ | ☐ |
| 12. Ever had chest pain during or after exercise? | ☐ | ☐ |
| 13. Ever had high blood pressure? | ☐ | ☐ |
| 14. Ever been diagnosed with a heart murmur? | ☐ | ☐ |
| 15. Have any skin problems (e.g. itching, rash, acne)? | ☐ | ☐ |
| 16. Have diabetes? | ☐ | ☐ |
| 17. Have asthma? | ☐ | ☐ |
| 18. Have problems with sleepwalking? | ☐ | ☐ |

● Please explain any "YES" answers, noting the number of the questions: _____

_____

_____

■ **HEALTH EXAM/RECORD**
Physical Exams Are Valid For 3 Years From Date of Last Examination

**TO BE COMPLETED BY HEALTH CARE PROVIDER:**

Date of Exam ____/____/____

May participate in all camp activities: YES NO

May participate except for: _____

Does the individual have any known medical or emotional illness or disorder that poses a risk to others or which affects the individual's functional ability to participate safely in a youth camp? YES NO

If yes, please explain _____
_____

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? YES NO

If yes, indicate names of medication(s):_____

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? YES NO

If yes, please explain _____
_____

Additional Comments:
_____
_____

Printed Name of Health Care Provider: _____

Address: _____ Phone: _____

Signature of Physician, PA, APRN or RN _____ Date Form Signed: _____

 Adult Attendee's Name:_____

# NON PRESCRIPTION ORAL /TOPICAL MEDICATIONS

**AUTHORIZATION FOR STOCK NON-PRESCRIPTION DRUG ADMINISTRATION BY CAMP HEALTH CARE PROVIDER**

There may be times at camp when you will ask for non-prescription medications/treatments to help relieve symptoms related to minor conditions such as poison ivy, headache or upset stomach etc. A Registered Nurse (RN) or Licensed Practical Nurse (LPN) is always available at the Health Center to assist in the assessment of your conditions and to respond appropriately in dispensing these medications/treatments. The Camp Washington physician has approved the non-prescription drugs/treatments listed below for use at camp and we will have these in stock in our Health Center:

Please indicate which of the available non-prescription drugs/ treatments MAY NOT be used or given by checking the appropriate boxes on the enclosed list.

**Check box only if NOT to be given**

( ) denotes use for item
[ ] denotes active ingredient

- ☐ Acetaminophen Tablets
- ☐ Alcohol Prep. Pads (wound cleaning)
- ☐ Aloe Vera Gel (moisturizing therapy)
- ☐ Ammonia Inhalants (fainting)
- ☐ Anti-fungal powder/spray or cream [Tinactin or similar]
- ☐ Anti-microbial wipes (wound cleaning)
- ☐ Anti-biotic Ointment / Bacitracin (wound cleaning)
- ☐ Benadryl (bug bite/poison ivy reactions)
- ☐ Betadine Solution (topical antiseptic)
- ☐ Blistex
- ☐ Calagel / Caladryl / Calamine Lotion (skin irritation relief)
- ☐ Hydrocortisone Cream 1% (skin irritations)
- ☐ Hydrogen Peroxide 3% (wound cleaning)
- ☐ Ibuprofen Tablets (pain relief)
- ☐ Medicated First Aid Spray (sunburn / minor burn relief)
- ☐ Mediosine Sting Ease Swabs
- ☐ Milk of Magnesia
- ☐ Petroleum Jelly / Vaseline (chapped lips)
- ☐ Saline Eye Drops (eye irritations)
- ☐ Swimmer's Ear Drops [or ½ alcohol ½ vinegar solution]
- ☐ Tecnu Wash (Poison Ivy/Oak)
- ☐ Tums (indigestion) [calcium carbonate]
- ☐ Visine
- ☐ Visine AC
- ☐ Witch Hazel (astringent)

**Comments:**

*****MUST BE SIGNED by Adult Attendee***

■ I give permission for a Registered Nurse, trained in accordance with the State of Connecticut Health Department regulations and under the authorization of the Camp Physician through the Camp Washington Standing Orders, to administer non-prescription medications, as indicated above, in accordance with the label directions and with attention to the relevant side effects also listed on the label of the above medications.

■ Signature of Adult Attendee:

_____ Date: _____

By signing this form, Adult Attendee…

- ■ Is giving permission to participate in all camp activities.
- ■ Understands that any activity involving any nicotine products, alcohol, cannabis, illegal drugs, or sexual activity are not acceptable at camp. Anyone involved in such activities will be sent home immediately. Camp Washington reserves the right to search any belongings at any time.
- ■ Understands that camp is a safe environment for everyone. Inappropriate behaviors that are unhealthy for the camp community (i.e. bullying, violence, vandalism, destruction) will be considered cause for dismissal on a case-by-case basis.
- ■ Is giving permission for Camp Washington to send periodic electronic newsletters to the e-mail addresses listed on the registration form.
- ■ Is giving permission for photographs and video footage taken during camp to be used in promotional displays, videos, brochures, camp web site, & newsletters etc.

■ Signature of Adult Attendee:

_____ Date: _____