

CAMPER'S NAME _____

SESSION NAME/DATE _____

HIGHLAND SUMMER CAMP HEALTH INFORMATION FORM

Having adequate information about your child is crucial to our ability to provide a supportive environment. We rely on you to tell us what we need to know about your camper. Our camp healthcare staff and leadership staff, the child's counselor (when appropriate) and if necessary, emergency medical personnel and insurance companies have access to information on this form. *Use additional paper if more space is needed for any of your answers.*

CURRENT HEALTH CONDITIONS: Describe any current health conditions (physical, mental, emotional, or social), developmental conditions, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. If none, write "None."

Describe any camp activities the camper should be exempted from for health reasons. If none, write "None."

ALLERGIES: Does the camper have any KNOWN ALLERGIES, including food, medication, insect, or environmental allergies? If so, please describe what this camper is allergic to, their typical reaction, and what is done to manage the reaction. *If the reaction can cause anaphylaxis or requires the administration of an Epi-pen, be sure to bring their prescribed, unexpired Epi-pen with them to camp.* If the camper has no known allergies, write "None."

DIETARY NEEDS: Check all that apply and if applicable describe below.

This camper:

Eats a REGULAR DIET and is prepared to eat a variety of foods

This camper has the following DIETARY NEEDS:

KNOWN FOOD ALLERGY

FOOD INTOLERANCES such as lactose or food additives, etc.

SPECIAL DIET such as vegetarian or vegan

Describe your camper's dietary need:

Our kitchen and staff prepare a variety of foods. Prepare your camper so s/he is ready to try various food items. We can work with some medically prescribed diets but do not cater to individual food preferences. In some situations, parents may be responsible for providing supplementary food for special diets.

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IMMUNIZATION HISTORY: *Provide a date* for each immunization or send a copy of camper's immunization records to the camp. If you are unable to provide dates, see below:

- _____ Diphtheria, Tetanus, & Pertussis (DTap, DTP, or Tdap)
- _____ Haemophilus Influenzae Type b (Hib) Vaccine
- _____ Hepatitis B Vaccine
- _____ Human Papillomavirus Vaccine (HPV)
- _____ Measles, Mumps, & Rubella (MMR) Vaccine
- _____ Pneumococcal (PCV) Vaccine
- _____ Polio Vaccine
- _____ Varicella (Chickenpox) Vaccine

If you are unable to provide dates for immunization history, check all that apply:

- Camper attends a public school
- Camper is up to date on current immunizations
- Camper has not been immunized - please explain why

Has your child been fully vaccinated for COVID-19 (received their second shot at least 14 days prior to camp)? Yes No

MEDICATIONS: *Medications include any substance a person takes to maintain and/or improve their health.*

This camper:

- DOES NOT take any medications on a routine basis
- WILL TAKE the following medications while at camp:

Name of medication	Reason for taking	Dosage Information	When it should be given

Bring enough of each medication to last the entire session. Campers taking medication should be on the same medications at the same dose as prescribed by their physician. All medications must arrive in appropriately labeled pharmacy containers (if prescribed) or original packaging (if nonprescription).

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The following over-the-counter medications may be given to this camper:

- Acetaminophen (eg. Tylenol) – for pain
- Bacitracin – for minor cuts, scrapes, and abrasions
- Calamine spray or lotion – for poison ivy
- Diphenhydramine (eg. Benadryl) – for allergic reactions, hives, and itching
- Hydrocortisone cream 1% – for inflammation and itching
- Ibuprofen (eg. Advil, Motrin) – for pain
- Lidocaine gel – for minor burn pain
- Throat lozenges – for sore throat

Comments (special instructions, allergic reactions, etc.):

MEDICAL INSURANCE:

Is the camper covered by medical insurance? Yes No

Medical Insurance Company: _____

Medical Insurance Company's Mailing Address: _____

Medical Insurance Policy #: _____

Parents/guardians are financially responsible for health care given by an out-of-camp provider.

Insurance concerns can only be managed by parents/guardians and their insurance company. You may want to notify your insurance to determine if your insurance will work while your child is in our program and/or what you need to do should your child need healthcare.

HEALTHCARE PROVIDERS:

Camper's Physician's Name: _____ Physician's Office Phone #: _____

Camper's Dentist's Name: _____ Dentist's Office Phone #: _____

Camper's Orthodontist's Name: _____ Orthodontist's Office Phone #: _____

Our healthcare provider will make every effort to contact you by phone if your child has need for out-of-camp healthcare. Because of timing and scheduling conflicts, we cannot promise that we will be successful in reaching you. The emergency phone numbers you provided when you registered your child will be used. Please be sure that we know how to reach you during your child's stay. If you have an answering machine, we will leave an appropriate message. We generally do not contact you if your child is seen by the nurse or healthcare provider for routine problems (e.g. skinned knees, sore throat, headache) that do not require a physician referral. If you want us to follow a practice different from what is described, please note that here.

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CONSENT and INDEMNITY:

In signing this document, I hereby certify that the above health information is correct and give permission to the camp medical personnel to provide routine healthcare; to administer medications as indicated above; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation to the next level of medical care if required. In the event I cannot be reached, I hereby give permission to the physician selected by Highland Retreat staff to obtain proper medical diagnosis, hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper named above.

Additionally, I give permission for the camper named above to engage in all prescribed camp activities, *except as noted below by me*; to be transported for approved out-of-camp activities; and for photographs and/or videos including this camper to be used in various forms of camp publicity.

In consideration of permission granted the herein named individuals to participate in camping activities, we hereby covenant with Highland Retreat that we will never, individually, or as legal guardians of said individuals, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of, camping and other related activities sponsored by Highland Retreat, its successors, and legal representatives; we further agree to indemnify and hold Highland Retreat harmless against any and all costs, damages, and expenses which may be occurred by them as a result of any lawsuits we might file against them.

Parent/Guardian Signature: _____

Date of Signature: _____

When you arrive for check-in, you will be asked to review medical information provided and physically sign the consent and indemnity statement (if you have not already done so). Physical signatures are required for participation.