girl scouts of north east ohio

Summer Camp and 3+ Day Travel Health History Form

Camper Name:_____ **Birth Date:**_____ **Age:** _____
First Middle Last Month/Day/Year

To caregivers: Please follow the instructions below. Attach additional information if needed.

1. Complete pages 1, 2, and 3 of this form.
2. Make a copy of completed forms for your own records, health forms will not be returned.
3. **Bring the form with you to camp**.

Caregiver with legal custody to be contacted in case of illness or injury:

Name:_____ Relationship to camper: _____

Home Address: _____

Preferred Phone _____ Email: _____

Second caregiver or other emergency contact:

Name:_____ Relationship to camper: _____

Preferred Phone _____ Email: _____

Additional contact in event caregiver cannot be reached:
Name:_____ Relationship:_____ Preferred Phone _____ _____

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Phone Number: _____

Include a copy of your insurance card(s) if appropriate; copy both sides of the card so information is readable.

Health Care Providers:

Name of primary care doctor: _____ Phone: _____

Name of dentist:_____ Phone: _____

Name of orthodontist:_____ Phone: _____

Camper Name:_____ Birth Date:_____
First Middle Last Month/Day/Year

Immunization History:

Please attach a copy of the camper's immunization history to this form. Provide the month and year for each immunization. *Note: Immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable.

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Caregiver:_____ Date:_____ Relationship:_____

_____My camper has had a physical exam within the last 12 months (24 months for 3+ days travel with your troop).

Medication:

- ☐ This camper will not take any daily medications while attending camp.
- ☐ This camper will take the following daily medication(s) while at camp:

Medication is any substance a person takes to maintain and/or improve health. This includes vitamins and natural remedies. All creams and medicines are turned in to the Health Supervisor during opening day/camp check-in. All medication must be in its original container labeled with contents, directions for administering and camper's full name. These will be kept by the Health Supervisor in a locked cabinet for the duration of overnight camp. Please provide enough medication to last the entire length of your Girl Scout's camp/trip.

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given

The following non-prescription medications may be stocked in the camp health center and are used on an as needed basis to manage illness and injury**. Check any that your Girl Scout should be given.**

☐ Antihistamine/Allergy Medication	☐ Sore throat spray
☐ Dextromethorphan cough syrup (Robitussin DM)	☐ Calamine lotion
☐ Guaifenesin cough syrup (Robitussin)	☐ Aloe
☐ Lice shampoo or cream (Nix or Elimite)	☐ Antibiotic Cream
☐ Pylephrine decongestant (Sudafed PE)	☐ Generic cough drops
☐ Psuedoephedrine decongestant (Sudafed)	☐ Acetaminophen (Tylenol)
☐ Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	☐ Ibuprofen (Advil, Motrin)
☐ Diphenhydramine antihistamine/allergy medication (Benadryl)	☐ Laxatives for constipation (Ex-Lax)

Allergies	☐ Food ☐ Medicine ☐ Environmental ☐ Other ☐ No Known Allergies	Please describe what the camper is allergic to and the reaction seen
Diet	☐ This camper eats a regular diet ☐ This camper eats a regular vegetarian diet ☐ This camper has special food needs	Please describe the camper's special food needs.
Restrictions	☐ I have reviewed the programs/activities of the camp and feel the camper can participate without restrictions.	
	☐ I have reviewed the programs/activities of the camp and feel the camper can participate with the following restrictions or adaptations. (please describe below)	

Camper Name:_____ Birth Date:_____
First Middle Last Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

1. Ever been hospitalized?	☐ Yes	☐ No	14. Have problems with periods/menstruation?	☐ Yes	☐ No
2. Ever had surgery?	☐ Yes	☐ No	15. Have problems with falling asleep/sleepwalking?	☐ Yes	☐ No
3. Have recurrent/chronic illness?	☐ Yes	☐ No	16. Ever had back/joint problems?	☐ Yes	☐ No
4. Had a recent infectious disease?	☐ Yes	☐ No	17. Have a history of bedwetting?	☐ Yes	☐ No
5. Had a recent injury?	☐ Yes	☐ No	18. Have problems with diarrhea/constipation?	☐ Yes	☐ No
6. Had fainting or dizziness?	☐ Yes	☐ No	19. Wear glasses/contacts/protective eyewear?	☐ Yes	☐ No
7. Have diabetes?	☐ Yes	☐ No	20. Traveled outside the country in the past 9 months?	☐ Yes	☐ No
8. Had seizures?	☐ Yes	☐ No	21. Have heart disease or a defect?	☐ Yes	☐ No
9. Had headaches?	☐ Yes	☐ No	22. Have chronic ear infections?	☐ Yes	☐ No
10. Have any skin problems?	☐ Yes	☐ No	23. Have hypertension?	☐ Yes	☐ No
11. Had asthma/wheezing/shortness of breath?	☐ Yes	☐ No	24. Have chronic urinary infections?	☐ Yes	☐ No
12. Passed out/had chest pain during exercise?	☐ Yes	☐ No	25. Wear dentures or other orthodontic devices (braces, night gear, bridges etc)?	☐ Yes	☐ No
13. Had mononucleosis (mono) during the past 12 months?	☐ Yes	☐ No	26. Other (if yes, please explain)	☐ Yes	☐ No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name the countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?	☐ Yes	☐ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?	☐ Yes	☐ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?	☐ Yes	☐ No
4. Had a significant life event that continues to affect the camper's life?	☐ Yes	☐ No
5. Ever received extra support/accommodations at school?	☐ Yes	☐ No
Is there anything else you would like to share about your Girl Scout's social-emotional and/or mental health needs that can help make their experience the best it can be?	☐ Yes	☐ No

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

What have we forgotten to ask? Please provide additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Caregiver Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. 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 this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp 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 program's staff about my child's health status.

Signature of Caregiver: _____ Date:_____

Relation to camper: _____