

# Camp Greenbrier - Health History for Campers

Office Use Only  
Term \_\_\_\_\_  
Year 2021

Camper Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nickname \_\_\_\_\_  
last first middle

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Camper Address \_\_\_\_\_  
month day year Street Address or PO Box # City State Zip Country

**Parent / Guardian #1:**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
email \_\_\_\_\_

**Parent / Guardian #2:**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
email \_\_\_\_\_

**Emergency Contact Other than Parent(s) / Guardian(s):**  
Name \_\_\_\_\_ Telephone #'s \_\_\_\_\_ Relationship to camper \_\_\_\_\_

**Medical Insurance Information** (please attach a copy of the health insurance card and prescription card - if different, front and back):  
Insurance Co. \_\_\_\_\_ Policy or Group # \_\_\_\_\_ Insured's Name \_\_\_\_\_ Insured's Birthdate \_\_\_\_\_

**Name of Camper's Doctor** \_\_\_\_\_ Telephone \_\_\_\_\_

**Name of Camper's Orthodontist/Dentist** \_\_\_\_\_ Telephone \_\_\_\_\_

**Camper Allergies** (check those that apply):  
 No known allergies  
 Allergy to these foods \_\_\_\_\_  
 Allergy to these medicines \_\_\_\_\_  
 Allergy to these substances, animals, insects \_\_\_\_\_

Describe how the camper reacts to any of the above allergies and how the reaction is treated \_\_\_\_\_

**Nutrition:**  
 The camper eats a regular diet and is prepared to eat a variety of foods while at camp  
 The camper does not have a regular diet because (list reason) \_\_\_\_\_

**Medication:** Prescription medications must be in original pharmacy containers. Be sure to send enough medicine to last for the duration of the camper's stay.  
 The camper does not take medication on a routine basis.  
 The camper takes routine medication (including vitamins) as noted below:

Name of medication _____	Reason for taking _____	Times and doses taken _____
Name of medication _____	Reason for taking _____	Times and doses taken _____
Name of medication _____	Reason for taking _____	Times and doses taken _____

## General Physical & Mental Health History

1. Has the camper ever been hospitalized?..... Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has the camper ever had surgery?..... Yes \_\_\_\_\_ No \_\_\_\_\_
3. Has the camper ever been dizzy or passed out?..... Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has the camper ever had chest pain during or after exercise or physical exertion?..... Yes \_\_\_\_\_ No \_\_\_\_\_
5. Does the camper have any heart condition?..... Yes \_\_\_\_\_ No \_\_\_\_\_
6. Does the camper have any chronic health issue such as asthma, diabetes, headaches, etc?..... Yes \_\_\_\_\_ No \_\_\_\_\_
7. Does the camper have any skin problems?..... Yes \_\_\_\_\_ No \_\_\_\_\_
8. Does the camper have any problems with sleepwalking or bedwetting?..... Yes \_\_\_\_\_ No \_\_\_\_\_
9. Does the camper have any problems with diarrhea/constipation?..... Yes \_\_\_\_\_ No \_\_\_\_\_

- 10. Has the camper ever been knocked out?..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 11. Has the camper ever had a seizure?..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 12. Has the camper ever had a severe sprain, broken bone, or dislocation?..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 13. Has the camper had chicken pox?..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 14. Has the camper had mononucleosis (mono)?..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 15. Has the camper had a recent infectious disease (including flu, severe cold, etc)? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 16. Does the camper have a hearing problem?..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 17. Does the camper wear glasses, contacts, or use protective eyewear?..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 18. Does the camper have any problems with his teeth?..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 19. Has the camper traveled outside of the U.S. at any time within the last six months? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 20. Does the camper have ADD or AD/HD?..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 21. Does the camper have depression, OCD, anxiety, or bipolar disorder?..... Yes \_\_\_\_\_ No \_\_\_\_\_
- 22. Does the camper have an eating disorder?..... Yes \_\_\_\_\_ No \_\_\_\_\_

Explain any "Yes" answers from 1-22 above:

Question # \_\_\_\_\_ Description \_\_\_\_\_

Question # \_\_\_\_\_ Description \_\_\_\_\_

Question # \_\_\_\_\_ Description \_\_\_\_\_

Question # \_\_\_\_\_ Description \_\_\_\_\_

Question # \_\_\_\_\_ Description \_\_\_\_\_

(use an extra sheet of paper if more space is needed)

Is there anything else we should know about any physical or mental conditions requiring medication, treatment, or special restrictions or considerations for your son? Please explain \_\_\_\_\_

**Immunization History:** Provide the month and year for immunizations. Those with an asterisk (\*) must be current. Rather than filling out the table below, it is fine to send a copy of your camper's complete immunization record from his doctor.

Immunization	Doses – Month(s) & Year(s)	Immunization	Date – Month(s) & Year(s)
*DTaP (Diphtheria, Tetanus, pertussis)		*Tdap (Tetanus, Diphtheria, Pertussis)	
*IPV (Polio)		Hib (Haemophilus Influenza Type B)	
*MMR (Mumps, Measles, Rubella)		PCV (Pneumococcal Conjugate Vaccine)	
*Varicella (Chicken Pox)		Hepatitis A	
*Hepatitis B		MCV4 (Meningitis)	

**Parent / Guardian Authorizations:**

This health history is correct to the best of my knowledge. My camper has permission to participate in all Camp activities except as noted below. I give permission to the Camp to provide emergency medical care, administer medication, and provide routine care for my camper. I give permission to the Camp to seek medical care for my camper outside of Camp. I give permission to the health care provider chosen by the Camp to order any treatment needed for the health of my camper, for both emergency and routine care, including but not limited to hospitalization, anesthesia, and surgery. I understand that the information on this form may be shared with Camp staff as deemed necessary. I agree to pay for all medical expenses for my camper. I acknowledge that the Camp does not provide any medical or other health insurance for my camper. I give the Camp permission to make copies of this form. I will update this form if there are changes in my camper's health after I have sent this form to the Camp.

Restrictions on my camper's activities while at Camp are as follows \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Camp Screening Notes** (for Camp use only by \_\_\_\_\_ (initial))

- 1. Are there any signs/symptoms of illness or injury upon arrival? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. Any signs/symptoms of head lice? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3. Is there any history of exposure to communicable disease? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. Are there any additions, corrections, or clarifications of the information on this form? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. Medications given to the healthcare provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note any "Yes" answers here \_\_\_\_\_

**Exit Notes** (for Camp use only by \_\_\_\_\_ (initial))

\_\_\_\_\_ The camper left Camp with no reported illness or injury.

\_\_\_\_\_ The camper left Camp with the following health concern(s) \_\_\_\_\_

Health instructions given prior to departure were as follows \_\_\_\_\_