

Camp Greenbrier - Health History for Campers

Office Use Only
Term _____
Year 2023

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

- Has the camper ever been hospitalized?..... Yes No
- Has the camper ever had surgery?..... Yes No
- Has the camper ever been dizzy or passed out?..... Yes No
- Has the camper ever had chest pain during or after exercise or physical exertion?..... Yes No
- Does the camper have any heart condition?..... Yes No
- Does the camper have any chronic health issue such as asthma, diabetes, headaches, etc?..... Yes No
- Does the camper have any skin problems?..... Yes No
- Does the camper have any problems with sleepwalking or bedwetting?..... Yes No
- Does the camper have any problems with diarrhea/constipation?..... Yes No

Cont.

- 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, Covid, 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 camper? 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)	

Covid-19 Vaccination(s) & Booster: Has your camper received Covid-19 vaccinations or booster shots? Yes / No (circle one). If yes, please list dates and type of vaccinations and boosters received: _____

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 the following health concern(s) _____

_____ Health instructions given prior to departure were as follows _____