

Please use a *SEPARATE* form for *EACH* Camper. Complete **BOTH** sides.

Episcopal Diocese of Southern Ohio- Summer Camp Health Form

Return this completed for **AT LEAST TWO (2) weeks PRIOR** to the beginning of your camp to:
Summer Camping Program Office; Procter Camp and Conference Center
11235 State Route 38 SE; London, Ohio 43140

PLEASE PRINT OR TYPE ALL INFORMATION

Camper's Name: _____

Camp for which you are registered: _____

In case of emergency notify: _____ phone: (____) _____	
Father's Name: _____ (or male guardian) cell phone: (____) _____	work phone: (____) _____ home phone: (____) _____
Mother's Name: _____ (or female guardian) cell phone: (____) _____	work phone: (____) _____ home phone: (____) _____
Family Dentist: _____ phone: (____) _____	
Family Physician: _____ phone: (____) _____	
Health Insurance Co.: _____ phone: (____) _____	
Policy/Group Number: _____	
Is authorization needed for emergency treatment? Yes ___ No ___ If yes, phone (____) _____	
Is there anyone legally restricted from seeing this camper? Yes ___ No ___ If yes, Name _____	

Please read the following carefully:

In case of medical emergency, I understand every effort will be made to contact a parent or legal guardian. In the event, one cannot be contacted, I hereby give my permission to the dentist or physician designated by the staff to hospitalize, secure appropriate treatment and/or order and injection, anesthesia, or surgery necessary for this camper.

I hereby give permission to the representatives of the Diocese of Southern Ohio, as a part of the camping experience in 20____ to transport my child in private automobiles and/or vans. I realize that paid diocesan staff as well as volunteers may operate private vehicles. I hereby release and waive any claim I may have for injuries to said minor child including claims for medical treatment expenses for said minor child against any such person and the Diocese for their failure to exercise due care in transportation to and from and participation in any special trips. I do not waive or release claims that may arise from intentional, wanton, or willful misconduct by such staff or volunteers.

I give permission for quotes and/or photographs taken during camp to be used in promotional materials.

This camper has permission to engage in all prescribed camping activities EXCEPT as noted. If the camper is to be restricted from any camp activity (including but not limited to: hiking, swimming, sports) please note the RESTRICTION and the SPECIFIC CONDITIONS: _____

The camper agrees to abide by these restrictions placed upon her/his camp activities.

Has this camper been baptized? Yes _____ No _____

We are not equipped to handle special diets but can provide vegetarian options if we **KNOW IN ADVANCE**. Is this camper a vegetarian? YES _____ No _____

The health history as well as the information on the original registration form is correct, to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

(if camper is under 21 years of age)

I understand and agree to abide by the Community Covenant on the registration confirmation.

Camper Signature: _____ Date: _____

(regardless of age)

[continue on reverse side]

[revised 8/07 RBP+]

Please use a SEPARATE FORM for EACH Camper. Complete BOTH sides.

HEALTH HISTORY

NEW!!

Date of last physical exam: _____ (WITHIN 12 Months of camp attendance)

IMPORTANT: If this camper has ASTHMA (exercise induced or otherwise) (s)he MUST either bring a rescue inhaler with them OR a letter from their HEALTH CARE PROVIDER stating they DO NOT NEED (NOT "do not have") a rescue inhaler. Should they not have this with them at the time of registration, the camper shall be sent home. NO EXCEPTIONS.

If any of the following information changes prior to the start of camp, please notify the camp nurse at check in.

Date of Last Tetanus shot: _____

MEDICATION ALLERGIES: _____ FOOD ALLERGIES: _____

Those taking medication: Please provide medication **in plastic, daily dose containers** with medication for the day already dosed. Please place containers in a **zip-lock plastic bag clearly marked** with the **camper's name**. Name of medication and dosage, for informational purposes, can be enclosed written on an index card. This will assure greater dosing accuracy for your child. Thank you!

Medications used at present: _____

Dosage/s: _____ When taken: _____

MEDICAL DIAGNOSES

(Attach additional sheets with this information to the back of form if needed. Thank you!!)

Health issues [Yes] [No]	Childhood diseases (approx. dates)	Other Allergies [Yes] [No]
Frequent ear infections _____	Chicken pox _____	Hay Fever/Seasonal _____
Heart defect/disease _____	German measles _____	Poison Ivy _____
Seizures/convulsions _____	Measles _____	Insect Stings _____
Diabetes _____	Mumps _____	Drugs not listed above: _____
Bleeding/clotting D/O _____	Other diseases: _____	_____
Hypertension _____	Hepatitis _____	_____
Cancer _____	Mononucleosis _____	_____
Epilepsy _____	Other: _____	<u>SURGERIES & Dates:</u> _____
Cerebral Palsy _____	_____	_____
Headaches/migraines _____	_____	_____
Positive HIV test _____	_____	_____
Other _____	_____	_____
Please Describe: (any yes answers) _____	Does this Camper use any tobacco products? YES__NO__	
_____	If yes, specify. _____	

Has the camper had the following vaccinations: DPT, MMR, chicken pox? YES ___ NO ___

Has this camper menstruated? YES ___ NO ___ N/A ___ Have they been told about it? YES ___ NO ___

Is menstrual history normal? Yes ___ NO ___ Special consideration _____

To protect from possible embarrassment, does this camper wet the bed or walk in their sleep? YES ___ NO ___ If YES- please specify _____

Is this camper challenged in any way physically, mentally or emotionally? YES ___ NO ___

If YES, please specify _____

Has there been any trauma in camper's life, either physical or emotional? YES ___ NO ___

If YES, please specify _____

(If any additional information the staff should know about his camper, please describe on a separate sheet of paper and attach to this health form. Please be specific- this information is kept strictly confidential by the staff, and may assist the staff to minister more effectively with this camper.)

[revised 8/07- RBP+]