

Ski & Snowboard Camp 2010

Camper Medical History Form

Revised January 2010

Camper Name: _____ Female Male
Date of Birth: _____ Age: _____

Parent / Guardian to contact in case of injury or illness:

Name: _____ Relationship to camper: _____
Preferred Phone #s: () _____ () _____

Additional emergency contact in case Parent / Guardian cannot be reached:

Name: _____ Relationship to camper: _____
Preferred Phone #s: () _____ () _____

PLEASE FILL OUT THIS SECTION COMPLETELY

The information on both sides of this form is correct and the camper described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. If I am unable to be reached in the event of my child's injury or illness, I give permission to camp leaders to authorize immediate medical treatment. I acknowledge that the camp program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent / Guardian: _____ Date: _____

Please Note: Skiing, snowboarding, and other recreational winter activities are inherently dangerous. Every precaution will be taken, but it is understood that Purity Spring Resort, Inc. cannot be held responsible in case of an accident.

Medical Insurance Information:

This child is covered by medical / hospital insurance: Yes No

Insurance Company: _____ Policy Number: _____ Phone #: _____
If appropriate, you may include a copy of your insurance card; please copy both sides of card carefully so that all information is readable.

Primary Physician Information:

Name (please print): _____
Business Phone #: _____ Emergency Phone #: _____

We ask that your child's physician review this form, offer guidance, and sign where appropriate... and specifically under 'Physician's Consent'

ALLERGIES: This camper has known allergies to: Food Medicine Environment Other

Please describe what the camper is allergic to and the reaction seen:

If this camper carries a personal epinephrine auto-injector, this section must be completed by camper's parent/guardian AND physician.

Medication / Route / Dosage: _____

Has this camper ever had to use an epinephrine auto-injector? Yes No

If YES, please describe the reaction:

Please provide any Specific Recommendations for Administration (*what type of symptoms would indicate need for medication*):

This camper has permission to possess and use their personal epinephrine auto-injector while at Ski & Snowboard Camp.

Signature of Parent / Guardian: _____ Date: _____

I verify that this camper has a valid prescription, as well as the knowledge and skill to safely possess and use their personal epinephrine auto-injector while at Ski & Snowboard Camp.

Signature of Physician: _____ Date: _____

ASTHMA: Does this camper have asthma? Yes No

If YES, please describe what triggers a reaction.

If this camper carries a personal asthma inhaler, this section must be completed by camper's parent/guardian AND physician.

Medication / Route / Dosage: _____

Please provide any Specific Recommendations for Administration (*what type of symptoms would indicate need for medication*):

This camper has permission to possess and use their personal asthma inhaler while at Ski & Snowboard Camp.

Signature of Parent / Guardian: _____ **Date:** _____

I verify that this camper has a valid prescription, as well as the knowledge and skill to safely possess and use their personal asthma inhaler while at Ski & Snowboard Camp.

Signature of Physician: _____ **Date:** _____

MEDICATION: Will this camper be taking any medications while attending camp? Yes No

If YES, please provide the following information; this camper will take the following daily medications while at camp:

"Medication" refers to any substance a person takes to maintain and/or improve health. This includes vitamins & natural remedies.

Medications should be in original pharmacy containers with labels which show the camper's name and how the medication should be given.

Provide enough medication to last the entire time the camper will be at camp.

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		

Please Note: Camp may stock certain non-prescription medications to be used on an *as needed basis* to manage illness and injury. Please list any such medications that this camper should NOT be given.

Signature of Physician: _____ **Date:** _____

DIET / NUTRITION: This camper eats a regular diet; This camper eats a regular vegetarian diet
 This camper has special food needs (*please describe below*)

IMMUNIZATION HISTORY:

We expect campers will be up to date with immunizations prior to their participation in Ski & Snowboard Camp. Please attach copies of immunization records from your health-care provider or current school records.

OTHER CONSIDERATIONS:

In the past few weeks, has this camper been exposed to any communicable diseases?

Are there any other health issues we should be aware of that may affect this camper's ability to fully participate in our program: medical, emotional, mental, social...

PHYSICIAN CONSENT:

I have reviewed both sides of this camper's health history form and have discussed the camp program with the camper's parent/guardian(s). It is my opinion that this camper is physically and emotionally fit to participate in an active camp program (*unless specifically noted*)

Signature of Physician: _____ **Date:** _____