

Good Earth Village Health Form

Please print clearly. This form will be copied. Use a separate form for each camper.
Health information on this form is gathered to assist us in identifying appropriate care.

This form should be returned to the camp office.

Camper Name _____ Date attending camp _____

Gender _____ Birthdate _____ Age _____ Grade completed _____

Camper Address _____

Second Parent/Guardian _____

City/State/Zip _____

Home Phone (if different) _____

Home Phone _____

Parent Work Phone _____

Parent/Guardian _____

Cell Phone _____

Parent Work Phone _____

Other Emergency Contact _____

Cell Phone _____

Emergency Contact Phone _____

Allergies: Check those which apply to this camper.

This camper has no know allergies

This camper has an allergy to the following food(s) _____
Describe the reaction if this food is eaten and what is done to manage it:

This camper is allergic to the following medication(s): _____

This camper is allergic to the following: _____
Describe the reaction and what is done to manage it:

Diet: Check those which apply to this camper. We will work to meet any medical dietary restrictions but cannot cater to individual food preferences. Please call if you have a question about diet.

This camp eats a regular, varied diet.

This camper is a vegetarian of this type: Semi-vegetarian (no beef or pork)
 Vegetarian (no meat)
 Vegan (no meat, eggs or dairy)

This camper is lactose-intolerant. Check one:
 This camper uses a product like Lactaid and/or can self-manage the intolerance
 This camper needs a lactose-free diet that includes no lactose in baked items

Medication: Provide complete information. Bring enough medication to last the entire session. **ALL medications MUST be in original pharmacy containers and appropriately labeled.**

This camper does not take routine medication.

This camper takes routine medication (including vitamins) as follows: *attach more information if needed*

Name of Medication _____

Name of Medication _____

Reason for Taking _____

Reason for Taking _____

Dosage _____

Dosage _____

When Med is Taken _____

When Med is Taken _____

The following medications are on hand in our Health Center. They are used and dispensed as directed by our medical protocols.
*Cross out those which your child should **not** be given.*

Acetaminophen

Benadryl tablets

Benadryl Cream

Ibuprofen

Tums

Desitin Cream

Generic cough drops

Alka-Seltzer

Hydrocortisone Cream

Cough Suppressant

Aloe

Cold/Sinus Medicine

Triple Antibiotic cream

Chewable Tylenol

Children's Tylenol Cold

Eye drops

Immunizations: *Please provide the month and year.*

_____ DPT Permanent Shots (Series of 3)
_____ MMR (Measles, Mumps, Rubella)
_____ Haemophilus influenza b (Hib)

_____ Tetanus Booster
_____ Polio Immunization
_____ Hepatitis B

Swimming Ability:

_____ Non-Swimmer
_____ Beginner – minimal swimming skills; avoids deep water
_____ Intermediate – comfortable in deep water

General History: *Circle "yes" or "no" for each statement.*

Has/does the camper:

Have asthma/wheezing/shortness of breath?.....	yes	no	Have difficulty hearing?.....	yes	no
Have diabetes?.....	yes	no	Have problems with falling asleep/sleepwalking?.....	yes	no
Had sizers?.....	yes	no	Have a history of bedwetting?.....	yes	no
Have headaches/migraines?.....	yes	no	Typically makes noises while sleeping (snores, talks, etc.)?.....	yes	no
Have frequent ear infections?.....	yes	no	Usually gets up at night to use the bathroom?.....	yes	no
Had chicken pox?.....	yes	no	Wear glasses, contacts or protective eyewear?.....	yes	no
Had mononucleosis in the past 12 months?.....	yes	no			
For girls: Knows about menstruation and/or has a normal menstrual history?.....	yes	no			

Please explain "YES" answers in the space below, noting the number of the questions. Attach additional sheets if more space is needed.

Restrictions:

_____ I have reviewed the program and activities of the camp and feel my child can participate without restrictions.

_____ I have reviewed the program and activities of the camp and feel my child can participate with the following restrictions or adaptations: **(Please describe below)**

Other Information: Provide additional information about your child's health not mentioned elsewhere on this form. Also, if there are life events or other things of which our staff should be aware of regarding your child, please indicate them here. Attach additional sheets if more space is needed.

Name of Family Doctor: _____ Phone: _____

Insurance Information: In the event that your child needs to be seen by someone other than our Health Care Manager, it is helpful for us to have insurance information to pass onto the treating hospital or clinic.

Insurance Company _____ Policy Number _____

My child has permission to participate in all aspects of the program at Good Earth Village except as noted. I hereby give my permission to the physician selected by Good Earth Village to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. Good Earth Village will make every effort to contact me if my child needs emergency medical/surgical treatment. I understand that my insurance has primary coverage and Good Earth Village insurance is secondary. I hereby give my permission for my child to participate in trips offsite in camp vehicles, including but not limited to canoeing, overnight offsite camping, and trips to a local swimming pool during the camp week. I also give permission for any pictures and video taken of my child to be used for promotional purposes.

Parent/Guardian Signature _____ Date _____