

Immunizations: Please provide the month and year of last Tetanus shot ____/____

___ I attest that all immunizations required for school are up to date, and am able to provide necessary documentation if asked (please initial).

If your camper has not been fully immunized, please sign the following statement*:

I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____

Date: _____ Relationship to Camper: _____

*If signed, you may be required to fill out an additional form upon check-in.

Swimming Ability:

___ Non-Swimmer

___ Beginner - minimal swimming skills; avoids deep water

___ Intermediate - comfortable in deep water

General History: Check "yes" or "no" for each statement.

Has/does the camper:

- | | | | |
|---|------------|---|------------|
| 1. Ever been hospitalized? | __yes __no | 14. Had fainting or dizziness?..... | __yes __no |
| 2. Ever had surgery? | __yes __no | 15. Passed out/had chest pain during exercise?..... | __yes __no |
| 3. Have recurrent/chronic illnesses?..... | __yes __no | 16. Ever had back/joint problems? | __yes __no |
| 4. Had a recent infectious disease?..... | __yes __no | 17. Have problems with diarrhea/constipation? | __yes __no |
| 5. Had a recent injury? | __yes __no | 18. Have any skin problems? | __yes __no |
| 6. Have asthma/wheezing/shortness of breath?..... | __yes __no | 19. Have difficulty hearing?..... | __yes __no |
| 7. Have diabetes? | __yes __no | 20. Have problems with falling asleep/sleepwalking? | __yes __no |
| 8. Had seizures? | __yes __no | 21. Have a history of bedwetting?..... | __yes __no |
| 9. Have headaches/migraines? | __yes __no | 22. Typically makes noises while sleeping | |
| 10. Have frequent ear infections?..... | __yes __no | (snores, talks, etc.)? | __yes __no |
| 11. Had chicken pox?..... | __yes __no | 23. Usually gets up at night to use the bathroom?..... | __yes __no |
| 12. Had mononucleosis in the past 12 months?..... | __yes __no | 24. Wear glasses, contacts or protective eyewear?..... | __yes __no |
| 13. For girls: Knows about menstruation and/or | | 25. Traveled outside the country in the past 9 | |
| has a normal menstrual history?..... | __yes __no | months? | __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. Attach additional sheets if needed.)**

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
__ Yes __ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?
__ Yes __ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?
__ Yes __ No
4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)
__ Yes __ No

Please explain "Yes" answers in the space below, noting the number of the questions.

The camp may contact you for additional information.

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 Primary Doctor(s) : _____

Phone: _____

Name of Dentist(s): _____

Phone: _____

Name of Orthodontist: _____

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 _____

Subscriber _____

Insurance Company Phone 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 _____

Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.

