

# 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 no later than two (2) weeks prior to your camper's arrival date.*

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 known 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 camper 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 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:** Circle "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 months?..... | yes | no |
| 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. Attach additional sheets if needed.)

**Mental, Emotional, and Social Health:** Circle "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 \_\_\_\_\_