

Presbyterian Mo-Ranch Assembly
Health History Form for Children, Youth and Adults Attending
Summer Camps

Date of Attendance: _____

The information on this form is not part of the camper or staff acceptance process. Health history is gathered to assist in identifying appropriate care. History must be filled out by parents/guardians of minors or by adults themselves. Update required annually.

Participant Name (last, first, middle): _____ Birthdate: _____ Age at Camp: _____

Home address: _____ City: _____ St: _____ Zip: _____

Gender: Male Female

Custodial parent/guardian: _____ Phone: _____

Home address (if different than above): _____ City: _____ St: _____ Zip: _____

Business address: _____ City: _____ St: _____ Zip: _____ Phone: _____

Second parent/guardian or Emergency contact: _____ Phone: _____

Address: _____ City: _____ St: _____ Zip: _____

Business address: _____ City: _____ St: _____ Zip: _____ Phone: _____

If not available in an emergency, notify:

Name: _____ Relationship: _____

Address: _____ City: _____ St: _____ Zip: _____ Phone: _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: _____ Group #: _____

Parent/Guardian Authorizations: *This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips out of camp.*

Participant Name: _____ Date: _____

Signature of parent/guardian or adult camper/staffer: _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature minor or adult camper/staffer: _____ Date: _____

A photocopy of front and back of health insurance card must be submitted prior to attendance.

Health Information

Medication Allergies (list)

Describe reaction and management of reaction.

Food Allergies (list)

Other Allergies (list)

Medications Being Taken

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Attach additional pages for more medications if necessary.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking: _____

Med #2: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking: _____

Med #3: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking: _____

Identify any medications taken during the school year that participant does/may not take during the summer:

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which camp should be aware:

Name of family physician: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Name of family dentist/orthodontist: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

A photocopy of current immunization record must be submitted prior to attendance.