

This is a 4 page document. Please staple pages prior to arriving at camp

FOR CAMP OFFICE USE

# Chef Camp

## HEALTH FORM

Year \_\_\_\_\_ Session(s) \_\_\_\_\_

Medications: No Yes

**REQUIRED FOR EACH PARTICIPANT**

**BRING WITH YOU TO CAMP CHECK-IN: DO NOT MAIL**

Our commitment is to use personal information in a way that best supports your child while attending. Confidential information is shared with staff/health care providers when relevant to the health and well-being of the participant.

Camper Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Name or nickname camper goes by: \_\_\_\_\_ Male Female

Age while attending: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

### Parent/Guardian Contact Information:

Parent/Guardian Name: \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Day Phone:( ) \_\_\_\_\_

Eve Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Day Phone:( ) \_\_\_\_\_

Eve Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

### MANDATORY: Emergency Contact OTHER THAN Parent/Guardian

Emergency Contact #1 Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Day Phone:( ) \_\_\_\_\_

Eve Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

### Medical Professionals Contact Information Please list all professionals who work with your child

Name of child's primary care physician: \_\_\_\_\_

Contact phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Other Medical Professional: \_\_\_\_\_

Why does child see this provider? \_\_\_\_\_

Contact phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Other Medical Professional: \_\_\_\_\_

Why does child see this provider? \_\_\_\_\_

Contact phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Page 1 of 4. Please print and staple document pages**

## **MANDATORY MANAGEMENT PLANS**

In order to ensure that the camp experience is both safe and appropriate, the camp requires management plans for campers with various medical conditions.

Camper has NO chronic health concerns OR life threatening allergies and is capable of full program participation

**Pre-approval is required to attend camp, and a management plan is required, if camper has any of the following:**

Camper has the following health concern(s):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asthma or other respiratory problem  | <input type="checkbox"/> Diabetes                                 | <input type="checkbox"/> Severe/life threatening allergy |
| <input type="checkbox"/> Heart Problems   | <input type="checkbox"/> Seizure Disorder                         | <input type="checkbox"/> Mood or Behavior Disorders      |
| <input type="checkbox"/> Condition which causes camper to faint                                       | <input type="checkbox"/> Problems with heat/control of body temp. |  |
| <input type="checkbox"/> Is currently under psychiatric care or has been within 6 months of attending |   |  |

**ALLERGIES** A management plan is required for all campers who have allergies that cause anaphylaxis!

Camper has no known allergies

Camper is allergic to the following \_\_\_\_\_

Describe the reaction: \_\_\_\_\_

Does this allergy cause anaphylaxis?  No  Yes: specify care \_\_\_\_\_

Camper carries epinephrine for anaphylaxis: Type of injection system: \_\_\_\_\_

Has camper been instructed in it's use? \_\_\_\_\_ Has camper ever used this prior to attending camp? \_\_\_\_\_

Will camper require assistance should they need to use it while at camp? \_\_\_\_\_

### **MENTAL, EMOTIONAL & SOCIAL HEALTH**

Camper has been diagnosed with Attention Deficit Disorder (ADD) or ADHD  Yes  No

Camper has a psychiatric diagnosis (such as depression, OCD, panic/anxiety disorder, etc)  Yes  No

Camper has been treated for anxiety within the past year  Yes  No

Camper has been treated for an eating disorder during the past year  Yes  No

Camper has been treated for a substance abuse during the past year  Yes  No

Camper has an emotional health concern: specify \_\_\_\_\_  Yes  No

During the past year, camper has seen or is currently seeing a professional to address mental, emotional, or social health concerns  Yes  No

Camper has been in a program/center for a mental, emotional, or social health problem during the past year  Yes  No

**If "Yes" was the answer to any of the above: Attach a statement from your child's health professional which addresses the following:**

1. Describes the concern and the camper's management plan (including medications) while at camp
2. Describes the behaviors that will indicate to our staff that your camper needs professional referral
3. A recommendation from the professional supporting participation in camp program

**Page 2 of 4. Please print and staple document pages**

**ADDITIONAL MEDICAL HISTORY/CONCERNS**

Camper is free of illness or injury that would affect program participation  Yes  No  
Camper has had chicken pox OR has received the varicella immunization  Yes  No  
Camper has NOT had mononucleosis ("mono") during the past school year  Yes  No  
Camper's hearing is within the normal ranges  Yes  No  
Camper's vision is within the normal ranges or uses corrective lenses  Yes  No  
Camper is current for immunizations for Measles, Mumps, Rubella (MMR) and Tetanus  Yes  No

Date of last Tetanus shot: \_\_\_/\_\_\_/\_\_\_

For any checked "No": Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL CHALLENGES**

\_\_\_ Camper is free of any physical challenge that would affect program participation  
\_\_\_ Camper has the following physical challenges: \_\_\_\_\_  
How will this affect program participation? \_\_\_\_\_  
\_\_\_\_\_

**OTHER EVENTS**

*(complete this section for youth campers only)*

Has your child ever been sent home from another summer camp, school, or other activity for behavior reasons?  No  Yes: If yes, describe \_\_\_\_\_

Does child have a history of sleepwalking?  No  Yes

\_\_\_ Camper has NOT had a significant life event (such as a death of a loved one, family change, adoption, survived a disaster, etc) that continues to affect the campers life

\_\_\_ Camper HAS had a significant life event (such as a death of a loved one, family change, adoption, survived a disaster, etc) that continues to affect the campers life: Please provide written information about the event, how it may impact your child's life while at camp, and care tips and suggestions for your child's counselor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NUTRITION**

Please list any foods your child is not permitted to eat, and the reasons why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER**

Please list anything else regarding your child's/your health that may have been neglected in this form or that will impact your child's/your ability to fully participate in camp: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **HEALTH FORM - SIGNATURES REQUIRED**

Camper Name: \_\_\_\_\_ Date \_\_/\_\_/\_\_

## **MEDICAL TREATMENT RELEASE**

I hereby give permission to the camp personnel/hospital/ physician selected to render treatment, provide routine health care, administer medications, order diagnostic testing, x-rays, routine testing, prescribe medications, or arrange for necessary related transportation. Furthermore, I give permission for the administration of anesthesia and performance of emergency surgery, or other life saving interventions, including hospitalization. I agree to the release of all records needed for insurance purposes. I have indicated any known health, or other condition, which may affect my child's participation in camp activities herein. I hereby authorize the camp to use and release personal, medical, and emergency information about my child when it is appropriate and relevant.

### **SIGNATURE**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_

## **PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATION**

I hereby give permission for camp personnel/hospital/ physician selected to administer over the counter medications to manage illness and injury, unless otherwise stated here:

**My child may NOT be given the following over-the-counter medication(s):** \_\_\_\_\_

### **SIGNATURE**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_

## **DISCLOSURE**

I hereby certify that I have fully disclosed and have included all of my child's known physical, mental, social, and emotional health conditions and issues to the camp. I understand that failure to provide accurate information to the camp may result in camper being sent home with no refund of fees.

### **SIGNATURE**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_

## **PARTICIPATION REQUIRMENTS**

I hereby acknowledge that I have read and understand the camp's participation requirements as listed on the camps websites, and that my child meets those requirements and is able to participate fully in the program. I further understand that participants must be in good mental and emotional health and be able to socially function in a group setting in a positive cooperative manner, and that failure to disclose accurate information about may result in camper be sent home with no refund of fees.

### **SIGNATURE**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_

**Page 4 of 4. Please print and staple document pages**