

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

FOR CAMP OFFICE USE

Chef Camp

HEALTH FORM

REQUIRED FOR EACH PARTICIPANT

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

Year _____ Session(s) _____

Medications: No Yes

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: _____

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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

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 __/__/__

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