

HEALTH EXAMINATION FORM

The health of the campers at camp is of prime importance to us. In order that we may fulfill both your and our expectations in this respect we ask that you take particular care in filling in this form. Disclosing all relevant information accurately can save the camper embarrassment with his peers and assist us in the correct treatment of pre-existing and new conditions. Please also review the 'Conditions of Enrollment' on the Camper Application Form.

Medical Form Check-List

- This completed and signed Front Page.
- Either this Back Page or School/Sports physical.
- Front/Back copy of insurance card.
- Parental information or suggestions.
- Sent prior to camp (fax 570.857.9653).
- At check-in have enough medication for the duration of stay and with a printed label.

Name Birth Date..... Age.....
Last First Initial

Parent or Guardian Name.....

Home Address Phone.....
Street City State Zip

Business Address Phone.....

Emergency Contact Name Relationship Phone.....

HEALTH HISTORY (Check Giving Approximate Dates)

Frequent Colds.....	Kidney trouble.....	Chickenpox.....	Heart trouble.....
Frequent sore throats.....	Constipation.....	German measles.....	Ivy/Oak/Sumac Poisoning.....
Ear infections.....	Sleep walking.....	Mumps.....	Hepatitis.....
Stomach upsets.....	Convulsions.....	Polio.....	Rheumatic fever.....
Bronchitis.....	Athlete's foot.....	Whooping cough.....	Tuberculosis.....
Fainting.....	Measles.....	Asthma.....	Diabetes.....

CURRENT PROBLEMS: Has the child any of the following:

- i) Bee sting allergy Yes___ No___ Details.....
- ii) Food allergies Yes___ No___ Details.....
- iii) Drug allergies Yes___ No___ Details.....
- iv) Other allergies Yes___ No___ Details.....
- v) Bed wetting or other incontinence Yes___ No___ Details.....
(additional service-wash charges will apply to any laundry outside of the normal weekly provision)

CURRENT MEDICATION: Please list ALL medications (including over-the-counter, nonprescription drugs, or vitamins, etc...) taken routinely. Bring enough medication to last the entire time at camp. It must be 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.

() This person takes medications as follows: () This person takes no medication on a routine basis.

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 each day.....

Reason for taking.....

Continue this on a separate sheet if necessary. All medications etc. must be checked with the camp nurse. If medication prescriptions need to be refilled while at camp, we will bill as necessary for any co-payments.

IMMUNIZATIONS: Please give dates or attach documentation of the last immunization for: (Tetanus booster must be up to date)

DTP.....	Measles.....	Hepatitis B.....
Tetanus.....	Rubella.....	Varicella Zoster.....
Polio.....	Haemophilus influenza B.....	Last TB Mantoux test.....

PARENTAL RELEASE

In case of medical emergency, I understand that every effort will be made to contact parents or guardians of the camper. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

To the best of my knowledge, the information above is accurate and complete. I know of no other conditions or problems that may arise with the child during his stay at camp. I agree to notify the camp of any contact the child has with a communicable disease in the two weeks prior to arrival at camp.

Signature..... Name..... Date..... **(please turn over)**

Please have a physician complete this page or attach copy of a school or sports physical performed within the last 12 months. We also require a front/back copy of the camper's insurance card.

INSURANCE

Please attach a front and back copy of the camper's insurance card.

THIS SECTION TO BE COMPLETED BY A LICENSED MEDICAL EXAMINER

Please check each item to indicate satisfactory and comment as required.

Height.....
Weight.....
Urinalysis test done.....
Hgb. Test done.....
Eyes.....
Extremities.....
Posture (spine).....
Ears.....
Nose.....

Throat.....
Teeth.....
Heart.....
Lungs.....
Genitalia.....
Hernia.....
Skin.....
Bruising.....

All recommendations, suggestions and restrictions (not otherwise listed with Health Problems & Medications on the front page).

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I have examined: (name) on: (date).

I have _____, have not _____ reviewed the information given both sides of this form and found it correct.

In my opinion the applicant is _____, is not _____ able to participate in an active camp program.

Signature of licensed medical personnel:

Printed name:

Address: Phone: Date:

PLEASE SEND OR FAX THIS COMPLETED FORM, TOGETHER WITH COPIES OF INSURANCE CARDS TO CAMP PRIOR TO THE CAMPER'S ARRIVAL. (fax 570-857-9653)

THIS SECTION FOR CAMP USE ONLY

Weight on arrival.....

Weight on departure.....

Notes.....