

Camp Chatuga

Health Form and Liability Release

Do not fill out if already completed online.

Participant name _____ Birth date _____ Age _____

Address, city, state, zip _____

Custodial Parent/Guardian _____

Home phone () _____ Business phone () _____ Cell () _____

Vacation (if during camp) phone () _____ Vacation dates _____

Second Parent/Guardian/contact _____

Home phone () _____ Business phone () _____ Cell () _____

If not available in **emergency**, notify _____ Relationship _____

Home phone () _____ Business phone () _____ Cell () _____

INSURANCE

Medical insurance company _____ Telephone # for benefits _____

Policy # _____ Group # _____ ID # _____

Name of insured _____ Relationship to participant _____

HEALTH HISTORY

Circle number for any condition camper currently has or ever had in the past.
Any changes to this form should be reported to health personnel upon arrival.

- | | |
|---|--|
| 1. Recent injury, illness or infectious disease | 16. Back problems |
| 2. Chronic or recurring condition | 17. Joint problems (knees, elbows, ankles) |
| 3. Hospitalization | 18. Orthodontic appliance being brought to camp |
| 4. Surgery | 19. Lice within the last month |
| 5. Frequent headaches | 20. Skin problems |
| 6. Head injury | 21. Diabetes |
| 7. Knocked unconscious | 22. Asthma |
| 8. Wears glasses/contacts/protective eyewear | 23. Mononucleosis in the past 12 months |
| 9. Frequent ear infections | 24. Problems with diarrhea/constipation |
| 10. Passed out/fainted | 25. Sleepwalking |
| 11. Dizzy during exercise | 26. Bedwetting |
| 12. Seizures | 27. Eating disorder |
| 13. Chest pains | 28. Emotional difficulties requiring professional help |
| 14. High blood pressure | 29. Measles; chicken pox; German measles; mumps |
| 15. Heart murmur | |

Explain any YES answers: _____

Date of last Tetanus Shot: _____

Sign below that all immunizations required for school are up-to-date (do not have to send in forms):

_____ (parent/staff signature) _____ (date)

Has camper been told the facts of life appropriate for age level **by parent**? (This includes teaching awareness of keeping private body parts private AND teaching of letting the nurse know of any activity injuries occurring in private areas.)
____ Yes ____ No If no, please explain: _____

ALLERGIES

Medication allergies:

Describe reaction and management of the reaction. (For instance, is bee sting allergy life threatening or just swelling?)

Food allergies:

Other allergies:

MEDICATIONS Do NOT send common over-the-counter medications. For prescriptions taken routinely, send only enough to last the session. **Keep it in the original packaging/bottle that identifies the prescribing physician, name of the medication, dosage, and the frequency of administration.** For international campers/staff, have instructions in ENGLISH.

All medications should be **turned in** on Opening Day.

Medications: _____

Attach additional pages for more medications or special instructions.

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**CAMP PHYSICAL** *If your camper has any physical limitations, please fill out the information below.*

Date of last examination: \_\_\_\_\_

In my opinion, the participant \_\_\_\_ is \_\_\_\_ is not able to participate in an active camp program.

Restrictions to activities: \_\_\_\_\_

Any treatment (other than meds listed previously) to be continued at camp: \_\_\_\_\_

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

**Signature of licensed medical personnel:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed name of licensed medical personnel:** \_\_\_\_\_ **Phone** \_\_\_\_\_

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Camp Chatuga Medical Release

I hereby give permission to the medical personnel selected by Camp Chatuga to provide routine health care, administer medications, and seek emergency medical treatments; to release any records necessary for insurance purposes and as needed for immediate and/or ongoing treatment, and to provide or arrange necessary related transportation for participant. If I cannot be reached in an emergency, I hereby give permission to camp's medical personnel to administer treatment, including hospitalization, for participant.

I understand that I am financially responsible for all health-related expenses above what camp infirmary provides; and I am financially responsible for all accident-related expenses above what camp's limited accident policy provides.

This health history is correct and complete as far as I know. I have read or will read the health Procedures in the Parent Handbook and will inform Camp Chatuga of any concerns or questions.

Both legal parents/guardians must sign this form. If only one signs it, it is with the understanding that the other has been informed by the signer about the release and agrees to its terms. (Staff member signs for self.)

Parent Signature

Date

Print name of camper