



Camper Health History and Consent to Treatment for Camp Sealth

DO NOT MAIL THIS! Have this form in-hand for check-in on the first day of camp
 If attending multiple sessions, only one form is required

Child's Name _____ Date of Birth ____ / ____ / ____

Dear Parents: Camp Sealth will make every effort to contact you by phone if your child becomes ill or injured. We prefer to involve you in decisions about every aspect of your child's health, and will attempt to reach you for all but minor injuries and illnesses. We may also call you to consult about behavioral and emotional problems, homesickness and other things your child might experience, particularly if we are having trouble with the situation. Thank you for telling us all you can on this form about your child ... it will greatly help our ability to work with him or her! This information will be seen ONLY by camp staff and professional providers on a need-to-know basis. Attach extra sheets inside if you need more room to write.

Unit/Program(s)

Counselor(s)

Session(s)

MI

First

Last

Camp Use Only
please

1. Known Allergies & Intolerances Reaction Medication and/or Care/Treatment

Food:

Drugs:

Plants:

Insects:

Other (chemicals, latex, etc.)

2. Circle what child does NOT eat: red meat chicken/turkey pork fish eggs milk/dairy

Circle if: Gluten Intolerant PKU Wheat-free diet Dairy-free diet

Explain any other special needs and restrictions regarding child's nutrition:

3. List ALL medications child is bringing to camp (include prescription & over-counter meds, vitamins, and ANYTHING else used to change or improve child's health status)

* **All medications must have:** 1. original pharmacy or manufacturer bottle 2. child's name 3. current date 4. directions from pharmacy or physician in English on official forms (parent instructions for prescription medications are NOT accepted)

* Over-the-counter meds and vitamins must all be in their ORIGINAL containers, NOT "pill organizers" nor travel jars.

* Unacceptable: expired meds; meds prescribed for sibling or anyone else (even if the medication is identical to what child takes); dosages changed by parent without doctor's approval in writing

* If child is not using a medication this summer that she/he normally uses during school year, send some to camp just in case it becomes necessary

Name of medication	Dosage	Purpose	Effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe any restrictions to child's activities while at camp:

5. Describe all illness, disease, sensitivities, physical disabilities, etc. Explain illness or condition, treatment and dates as well as any special care needed at camp. Note if the child has had mononucleosis within the past nine months. We highly recommend a physician's management plan for chronic issues. We MUST have a physician's management plan for Asthma (our website has an additional form for Asthma, or call the registration office to have one mailed to you)

CHILD'S NAME

8. Give the dates (year) of the last immunization or booster, or attach a copy of official immunization record:

_____ Tetanus _____ Chicken Pox _____ Measles/Rubella _____ Mumps
_____ Flu _____ Diptheria/Pertussis (DTaP/DT) _____ Hepatitis A _____ Hepatitis B

Has the child had chicken pox? Yes No

Has the child been exposed to any communicable illnesses within the past few weeks? _____

9. Mental, Emotional and Social Health - Check all that apply:

___ Attention Deficit Disorder (ADD) ___ ADHD ___ Hyperactivity ___ Learning disability ___ Emotional health concern
___ Pyschiatric diagnosis: _____ Other: _____

Describe severity and management plan (attach separate sheet to give details):

Is the child currently seeing a professional to address emotional/mental health concerns? Yes No

10. Following are the over-the-counter medications we use for common ailments that arise at camp. These are recommended and authorized by the physician who oversees health care at Sealth. We are limited to dispensing only these medications without further permission from a physician or parent/guardian.

Check here to give permission for the camp to administer the following if deemed necessary.
Feel free to cross out any products that you do NOT want your child to have.

Camp Use Only Please

For pain, cough, cold:

Tylenol or Aleve
Ibuprofen
Benadryl
Chlor-Trimeton
Robitussin
Sudafed
Choraseptic spray
Cough drops / throat lozenges
Herbal tea

For digestive upsets:

Tums
Pepto Bismol
Altoids or peppermint
Kaopectate
Milk of Magnesia

For anaphylaxis, only in life-

threatening emergency:
Epinephrine

Topical (skin) products:

Insect repellent (with DEET)
Sunscreen (paba free)
Aloe Vera plant or gel
Calamine or caladryl lotion
Skin moisturizer
Baking soda or meat tenderizer paste
1% hydrocortisone cream
Antibiotic ointment
2% lidocaine jelly
Gold Bond Medicated Powder
Athlete's foot powder

11. What works effectively for your child to prevent sunburn? (please send a product with your child to camp)

12. Does the child have piercings? If so, where? (list all; we ask this because they are susceptible to infection)

13. If child has head lice, may we shampoo with Nix (or other lice product) and remove nits? YES NO

14. To help us determine medication dosages, please give:

Child's age this summer: _____ Height: _____ Weight in pounds _____

Parent's Camping Authorization and Consent to Treatment

If for religious or other reasons you wish not to authorize treatment, please attach a letter of explanation.

I attest that my child (child's name) _____ is in good health and able to actively participate in camp activities except as noted in this form. I take full responsibility to see that my child is properly prepared for camp including having proper clothes and equipment and being in good health.

I authorize the camp to provide routine health care, administer prescribed and over-the-counter medications that I am sending to camp, as well as any medications recommended by the camp's physician for various problems except as I have noted above. I authorize the camp to share information in this 4-page Health History document with selected camp staff (counselor, health care and inclusion staff, etc.) and professional health care providers on a need-to-know basis.

In case of medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician or one of the alternates listed on this form or my child's Camp Registration Form, I hereby give my permission to the physician secured by the camp to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child named above. I authorize the camp to arrange and/or provide necessary related transportation for my child. I agree to be responsible for expenses incurred in the care and treatment of my child.

Health Insurance Company _____ Name of primary insured person _____

Signature of Parent/Legal Guardian _____ Date _____

Print Name _____ Relationship to child _____

Medical Examination - optional

We recommend but do not require that campers have a medical examination and physician's authorization within the last 24 months to attend camp. You may also attach a copy of a school or sports physical exam.

PHYSICIAN'S STATEMENT

Child's Name _____

I find the child to be in good health and able to take part in outdoor activities at Camp Sealth with the following exceptions:

Comments on child's health:

Conditions that require special consideration (please attach management plan for any chronic illnesses such as Asthma)

Date of examination: _____ Physician's Signature: _____

Print Name: _____

Address: _____ Phone (_____) _____

City, state, zip _____

Campers

Please tell us about yourself and your expectations of your week at camp! Your counselors are eager to meet you!

Code of Conduct -- I agree to this conduct while at Camp Sealth:

1. Be a responsible member of the camp community.
2. Be considerate & respectful of others' feelings and needs.
3. Think in advance about the consequences of my actions.
4. Assure my own and others' safety.
5. Resolve differences in a respectful manner.
6. Protect the natural environment.
7. Commit to honesty.
8. Commit to try.

Signature of Camper _____ Date _____