



9916 Lake Avenue South
Spicer, MN 56288
Telephone: 320-796-2181

Health History Form

Legal Name _____, _____ Birth Date ____/____/____
Last First MI
Sex M F Age _____

Legal Guardian and Emergency Contact Information

1st Parent or Guardian _____ Relationship _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

2nd Parent or Guardian _____ Relationship _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Health History:

(check and give approximate dates)

- _____ Frequent Ear Infection
- _____ Heart Defect/ Disease
- _____ Convulsions/Seizures
- _____ Diabetes
- _____ Bleeding/Clotting Disorder
- _____ Hypertension
- _____ Mononucleosis
- _____ Psychiatric Treatment

Diseases

- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps

Allergies (dates not needed)

- _____ Hay Fever
- _____ Poison Ivy, etc.
- _____ Insect Stings
- _____ Penicillin
- _____ Sulfa Drugs
- _____ Other Drugs
- _____ Other Drugs
- _____ Asthma
- _____ Other (specify) _____

Has this camper ever required any psychiatric counseling or hospitalization? _____

Explain _____

Operations or serious injury (dates) _____

Disability or Chronic Illness _____

Activities to be exempt or limited by doctor _____

Dietary Modifications _____

Current Medications (send instructions) _____

Other disease or details from above _____

Dentist/Orthodontist Name _____ Phone _____

Family Physician Name _____ Phone _____

Date of last physical examination _____

Does your family carry health insurance Yes No

If so, indicate: Company name _____

Policy or Group Number _____

Individual who carries coverage _____

Suggestions on health related information for camp personal (attach additional information if necessary) _____

For Female Campers

Has person menstruated? Yes No If not, has she been told about it? Yes No

If so, is her menstrual history normal? Yes No Special Considerations _____

Doctor's Report (only required if camper has major health concerns)

I have examined the person described and have reviewed his/her history. It is my opinion that he/she is physically able to engage in camp activities, except as noted in the attached report. **Please attach a list of medications to be administered at camp and include specific dosages.**

Physician's Name (Print) _____

Physician's Signature _____

Business Phone _____ Home Phone _____

**If all immunizations are current, you may indicate so and sign.*

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) (DTaP) Tetanus or	1. 2. 3.	1. 2.
Tetanus Diphtheria (Td) or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles, Mumps, Rubella (MMR)		
Varicella (Var)		
Hepatitis B	1. 2. 3.	
Other		
Tuberculin test given _____ (most recent)		
Haemophilus influenza b (HIB)		

Consent for Medication Administration

This section includes a list of medication GLLM has in stock and is allowed to administer under medical direction. Please **circle** those medication ***that you would allow*** the Health Care Staff to administer to your camper, if needed, and then sign the first signature box. If you do not circle one or more of the medications, that medication will not be administered and the staff will contact you by phone before giving that medication. **If you *do not* want the staff to administer any medications, sign the second signature box.** Please note that all medications will be given according to labeled directions based on your child's health history.

- Ibuprofen (Advil or Motrin)
- Antiseptic Ointment
- Benadryl
- Aloe Vera
- Calamine Lotion
- Pepto-Bismol
- Cough Drops
- Tums
- Sudafed
- Sore Throat Spray
- Imodium AD
- Burn Cream
- Robitussin DM
- Acetaminophen (Tylenol)
- Hydrocortisone Cream

1. I grant the health care staff at GLLM, as appointed by the camp physician, **permission** to administer the medication(s) that I have indicated above. I understand that all medications will be administered according to labeled directions, and that those medications which I did not check, will not be given without my permission unless in the event of an emergency.

Parent/Guardian Signature _____ **Date** _____

2. I **do not** give anyone at GLLM the permission to administer medications without my permission. I understand that I will be contacted by a GLLM staff member before any medication(s) are administered, unless in case of an emergency.

Parent/Guardian Signature _____ **Date** _____

Parent or Legal Guardian Authorization **must be completed for attendance*

This health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities, except as noted by me and/or an examining physician. **Authorized for treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Signature _____ **Date** _____

Important Information: For everyone's safety, State Law requires that **ALL** medications brought to camp must be kept in the Health Center. The only exceptions to this rule are Rescue Inhalers and Epi-Pens. Campers are allowed to visit the Health Center as needed to receive their daily medication. All medications must be in an original pharmacy container with the correct name, date, and instructions on the bottle. The camp cannot give campers any medications that are improperly labeled or not prescribed by a physician/practitioner. Over-the-counter medications should not be brought to camp by campers; we have common over-the-counter medications in stock. Accordingly, Standing Orders for Health Care are provided for the camp by a licensed physician at the New London ACMC. This allows the GLLM camp nurse(s) to administer first aid and dispense medications.