

Camp Akita Staff Health History Form

The following health history **must be** filled out by the parent/guardian if the participant is a minor. **A copy of both sides of the parents' health insurance card must also be attached.** Thank you!

Name _____ Birth Date _____ Male Female
Last First M.I.

Home Address _____
Street or PO Box City State Zip

Health History

Allergies

Medications: _____ Foods: _____ Others: (environmental, insect bites etc.) _____

Medications (Please list **ALL** medications being taken *routinely*-including alternative medications such as herbal, etc.)

_____ I take NO medications routinely.

_____ I take the following medications:

Med #1 _____ Frequency _____ Dosage _____

Med #2 _____ Frequency _____ Dosage _____

Med #3 _____ Frequency _____ Dosage _____

General Questions

- Do you have any currently known communicable disease? Yes No
- Have you ever had seizures? Yes No
- Do you have diabetes? Yes No
- Do you have asthma? Yes No
- Do you have a chronic or recurring illness or condition? Yes No
- Do you have any physical restrictions Yes No

NOTE: If you need more space to further explain any "yes" answers from above questions and to provide any additional information you think the camp medical staff should know please write them on another sheet of paper and attach it to this form.

Date of Last Tetanus _____

Please submit a copy of your Health Immunizations with this form.

Parent/Guardian Authorization (if staff member is a minor):

I hereby give permission for the camp nurse to dispense over-the-counter medication to my child as deemed necessary by the camp nurse.

I hereby give permission to the physician selected by the camp director to provide routine and emergency healthcare including taking a history, doing a physical examination, ordering tests as required and providing treatment as required. In the event that emergency hospitalization is required, I consent to the evaluation and treatment deemed appropriate to the circumstance by the Emergency Physician at the hospital. I understand that I will be contacted as soon as possible regarding any of these medical necessities. I certify that the information on this form is correct/current to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Address _____
Street or PO Box City State Zip

Home Phone _____ Business Phone _____ Cell Phone _____

E-Mail Address _____

Please fill out the back of this sheet, otherwise your application cannot be processed.

Acknowledgement of Financial Responsibility

Insurance Information

Is your child covered by health insurance?..... Yes No

If no, please fill out the section for non-insured staff members below.

Insurance Policy Holders ONLY!

Insurance Carrier: _____ Policy No. _____

Name & Phone Number of Participant's Personal Physician

Name: _____ Phone Number: _____

Parent/Guardian Authorization (if staff member is a minor):

I fully acknowledge that there are some inherent risks associated with camp activities that may result in bodily injury. I also acknowledge that my primary insurance will be utilized to cover any costs that exceed the Camp Staff Accident insurance policy.

I also acknowledge that in the event of illness that is not related to camp activity, I assume all financial responsibility for any treatment given to my child. I certify that this information is true to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Address _____
Street or PO Box _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-Mail Address _____

Non-Insured Staff Member

I fully acknowledge that there are some inherent risks associated with camp activities that may result in bodily injury. I also acknowledge that I do not possess health insurance and assume all financial responsibility that exceeds the Camp Staff Accident insurance provided by the camp.

I also acknowledge that in the event of illness that is not related to camp activity, I assume all financial responsibility for any treatment given to my child.

Signature of Parent/Guardian _____ Date _____

Address _____
Street or PO Box _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-Mail Address _____