

Cabin #
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Greenwood Hills Camper Health Form

Bring To Registration: Do Not Mail

Greenwood Hills
 7062 Lincolnway East, Fayetteville, PA 17222
 Phone. 866-861-1373 Fax. 717-352-4844
www.greenwoodhills.net

(To be completed by parent or guardian.)

STEP 1: CAMPER INFORMATION: Last Name _____ First Name _____
 Age: _____ Birth date: ____/____/____

This form **MUST ACCOMPANY CAMPER** when registering at camp. **DO NOT MAIL** this form. If camper has had recent medical problems, we strongly recommend that the camper receives a physician's examination and brings to camp a Physician's medical report, which includes recommendations; restrictions, diet or medicine.

STEP 2: PARENT (OR GUARDIAN) INFORMATION

Name: _____ Phone: (____) _____
 Address: _____ Work Phone: (____) _____
 City: _____ State: _____ Zip: _____ Cell Phone: (____) _____
 EMAIL: _____

Insured: Please provide a photocopy of the front and back of your child's insurance card. Uninsured
 Insured's name _____ Insurance Company _____
 Insurance Company contact phone number _____ Policy Number _____

STEP 3: IN CASE OF EMERGENCY and parent or guardian can NOT be reached...NOTIFY:

Name: _____ Phone: (____) _____
 Relationship: _____ Work Phone: (____) _____
 _____ Cell Phone: (____) _____

STEP 4: CAMPER MEDICATION

Please list ALL medications, vitamins and herbals that camper has brought to camp, including dosages. Please send enough medication for the full camp session. (ALL MEDICATIONS MUST BE BROUGHT IN THEIR ORIGINAL PACKAGING AND/OR PRESCRIPTION BOTTLE. This includes inhalers. Medications without prescriptions WILL NOT be administered.) If you need more space, write on another page.

MEDICATION	DOSAGE	SCHEDULE	COMMENTS

STEP 5: ALLERGIES—List all known allergies to medication, food, insect stings, hay fever, asthma, animal dander, etc. Describe the reaction and how the reaction is managed.

NOTE: If your child has a history of anaphylactic shock they need to bring an EPIPEN with them.

ALLERGY TYPE	DESCRIPTION	REACTION & MANAGEMENT
Medication		
Food		
Other		
Has camper ever been stung by a bee or wasp? ____ YES ____ NO		

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STEP 6: CAMPER IMMUNIZATION HISTORY—Please attach a copy of current Immunization Records
 Must include: DPT; Polio; Tetanus (Required); MMR; Varicella; Hepatitis B. Also Meningococcal meningitis (if over 13).

STEP 7: CAMPER MEDICAL INFORMATION:
 Has the camper had or currently has any of the following? (Please circle YES or NO)

ADD/ADHD	YES	NO	Frequent colds	YES	NO	Peanut / Nut Allergy	YES	NO
Aggressive Behavior	YES	NO	Hay fever	YES	NO	Phobias	YES	NO
Asthma	YES	NO	Head Lice	YES	NO	Poison Oak/Ivy/Sumac	YES	NO
Athlete's Feet	YES	NO	Heart Trouble/Disease	YES	NO	Reflux	YES	NO
Bed Wetting	YES	NO	Hepatitis	YES	NO	Rheumatic Fever	YES	NO
Bee Allergy	YES	NO	Hernia	YES	NO	Ringworm	YES	NO
Bronchitis	YES	NO	HIV Positive	YES	NO	Scarlet Fever	YES	NO
Chicken Pox	YES	NO	Irritable Bowel Syndrome	YES	NO	Seizure	YES	NO
Clotting/Bleeding Disorder	YES	NO	Kidney Trouble/ Disease	YES	NO	Severe Earache	YES	NO
Constipation/ Diarrhea	YES	NO	Lactose Intolerance	YES	NO	Sinus Trouble	YES	NO
Diabetes	YES	NO	Lyme Disease	YES	NO	Skin Disease	YES	NO
Ear / Throat Infection	YES	NO	Manic Depression	YES	NO	Sleepwalking	YES	NO
Eczema	YES	NO	Measles	YES	NO	Strep Throat	YES	NO
Emotional Concerns	YES	NO	Mononucleosis	YES	NO	Surgery	YES	NO
Epilepsy / Seizures	YES	NO	Mumps	YES	NO	Tics/Tourette's Syndrome	YES	NO
Fainting Spells	YES	NO	OCD-list manifestation	YES	NO	Tuberculosis	YES	NO

Please provide dates and additional details for any condition for which you circled YES: (use additional paper if necessary)

*Note: Severe medical problems such as (but not limited to) behavioral issues or serious allergies cannot be handled by the camp staff. Please contact the Camp Director for approval before registering a camper with these issues.

*If camper has been exposed to any communicable diseases (measles, chickenpox, etc) in the 3 weeks prior to camp, please notify the camp nurse at registration.

*If the camper wears eyeglasses, it is strongly recommended to bring along a 2nd pair.

In case of medical or surgical emergency, I understand that every effort will be made to contact the camper's parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director or Nurse to hospitalize, secure proper treatment for, and to order injection, anesthesia, blood transfusion, or surgery for my child named above:

Signature of Parent or Guardian: _____ **DATE:** _____

For Camp Nurse Use Only: _____ **Comments/Concerns/Special Instructions**