

2017 Child Care Health History Form

This form must be received by Saturday April 1, 2017.

Mail to: Roseville Girl Scout Day Camp, P.O. Box 131881, Roseville, MN 55113-0021

Emergency Contact Information

Camper's Name: _____ **Birth date** _____ **Age at Camp** _____
Last First Middle Initial

Home Address: _____
Street Address City State Zip Code

Camper is in the custodial care of (check one) Both parents Mother Only Father Only Other:

Custodial Parent/Guardian Name: _____ **Daytime Phone:** _____
 In an Emergency, please contact me at the following emergency phone: _____
 Home Address (if different from above): _____

Second Parent/Guardian Name: _____ **Daytime Phone:** _____
 In an Emergency, please contact me at the following emergency phone: _____
 Home Address (if different from above): _____

FIRST ALTERNATE EMERGENCY CONTACT <small>(Not a Parent/Guardian - This name must be listed)</small>	SECOND ALTERNATE EMERGENCY CONTACT
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Emergency Phone: _____	Emergency Phone: _____
Other than Custodial Parents, camper may be released to (please list): _____	Are there individuals that the camper can not be released to? (please list): _____

Family Medical/Hospital insurance carrier – Is the camper covered by family medical/hospital insurance? Yes No
 If yes, indicate carrier or plan name: _____ Group /ID# _____

Family Physician Name: _____ **Phone:** _____
 Clinic Name and Address: _____

Family Dentist/Orthodontist Name: _____ **Phone:** _____
 Clinic Name and Address: _____

To the best of my knowledge the Health History is complete and accurate. My daughter has permission to engage in all prescribed activities except as noted by the physician and/or myself. In the event I cannot be reached in an emergency, I give permission for camp authorities to take necessary emergency action, which may include related transportation, admission to a hospital, x-rays, routine tests, emergency surgery, and treatment for the health of my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is also my intention that a camp authority be treated as a "personal representative" for purposes of disclosing protected health information to keep me informed of my child's health status. The Girl Scout Council provides sickness and accident insurance to serve as secondary insurance coverage. This insurance is not intended to replace the benefits that may be available under a family insurance plan. This completed form may be photocopied for trips out of camp. This information will be shared with camp counseling staff as appropriate.

Custodial Parent/Guardian Signature: _____ **Date:** _____

2017 CAMPER HEALTH HISTORY

The following information must be filled in by the Custodial Parent/Guardian. The intent of this information is to provide camp health care staff the background to provide appropriate care. Please keep a copy of the completed form for your records. Any changes to this form should be provided to camp healthcare staff upon camper's arrival at camp. Please provide complete and accurate information so that camp staff can be aware of your camper's needs.

ALLERGIES - List all known. Describe reaction and how to manage a reaction.

Medication allergies (please list):	Reaction description and management of reaction:
Food allergies (please list):	Reaction description and management of reaction:
Other (please list): (e.g. animals, hay fever, insect stings, plant, pollen)	Reaction description and management of reaction:

MEDICATIONS BEING TAKEN - List all medications (including over-the-counter or nonprescription drugs) take routinely.

Please send enough medication to last the entire camp session. Keep prescription medication in its original pharmacy container that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This camper takes NO medications on a routine basis.

This camper takes these medications as follows:

Medication #1: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Medication #2: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Medication #3: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Attach additional pages for more medications. Identify any medications that the camper may take during the school year that they will **NOT** be taking during camp. (list here):

RESTRICTIONS – Include all that apply to the camper.

Dietary

- Does not eat red meat
 Does not eat pork
 Does not eat eggs
 Does not eat poultry
 Does not seafood
 Does not eat dairy products
 Other – specify: _____

Activity Restrictions

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

GENERAL HEALTH QUESTIONS – (Explain any “yes” answers below.)

Has/does the participant:

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ever had emotional or behavioral or mental difficulties that will impact their experience at camp or affect other campers/volunteers? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any “yes” answers, noting the number of the question.

Immunizations – Please give all dates of immunization

If child has NOT received any of the following immunizations, please note why:

DTP/TD (tetanus/diphtheria) _____

Polio _____

MMR _____

Varicella (chicken pox) _____

Use this space to provide any additional information about the camper’s behavior and physical, emotional, or mental health issues that the camp staff should be aware.

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