

Growing Up Wild Camper Health Form

Camper's Name: _____

Current Medications Being Taken:

Camper takes NO medication _____

Camper takes medication as follows:

Medication _____ Dosage _____

Specific times taken each day _____

Please keep ALL medications in their original bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

Describe any current physical, mental, or psychological conditions of camper that we should be aware of at camp.

List any medical treatments or injuries of camper within the past year.

Place a check mark by any of the following conditions if they apply to camper.

Please explain any check marks below.

Frequent ear infections _____

Seizures _____

Hypertension _____

Back problems _____

Joint problems _____

Infectious disease _____

Surgery _____

Head injury _____

Asthma _____

Bedwetting _____

Professional care for emotional difficulties _____

Heart defect _____

Diabetes _____

Tuberculosis _____

Chronic illnesses _____

High Blood Pressure _____

Hospitalized _____

Frequent Headaches _____

Skin problems _____

Abnormal menstrual history _____

Eating disorder _____

Please explain any Yes answers:

Allergies:

Medication allergies (list)

Food allergies (list)

Other allergies (list) -- Include insect stings, hay fever, asthma, etc.

Describe reaction and management of the reaction.

Food Restrictions:

Does not eat:

red meat ___ pork ___ dairy products ___ seafood ___ eggs ___ other ___

Health Insurance:

Health Insurance Carrier _____

Policy / Group # _____

Family Physician:

Name _____

Address _____

Phone _____

Dentist:

Name _____

Address _____

Phone _____

The Camper's Health History is true and complete to the best of my knowledge.

Print Parent's Name _____

Parent Signature _____ Date _____