Volunteers of America
Western Washington

Health History Form

The information on these forms is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form, except for the "To Be Completed By Medical Personnel", to be filled in by parents/guardians of campers.

Camper Name _____ Birth Date _____Age at camp _____ Gender: M F

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian: _____ Day Phone (____)_____

Evening Phone (____)_____ Additional Phone (____)_____

IMPORTANT - These boxes must be completed for attendance:

Permission to Provide Necessary Emergency Treatment or Emergency Care

I hereby give permission to the medical personnel selected by the camp director, or designee, to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange related 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, or designee, to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian/Staff: _____ Date: _____

Witness _____ Printed Name: _____ Date: _____

I also understand and agree to abide by the limitations placed on my camp activities.

Signature of camper/staff: _____ Date: _____

Allergies: List all known Describe reaction and management of the reaction

Medication allergies:

_____ _____
_____ _____
_____ _____

Food Allergies:

_____ _____
_____ _____
_____ _____

Other Allergies – Include insect stings, hay fever, asthma, animals, etc.

_____ _____
_____ _____
_____ _____

Medications

Please list all medications, including over the counter (all medications must come in their original containers, and will only be dispensed as directed)

_____ Dosage _____ Times _____
_____ Dosage _____ Times _____
_____ Dosage _____ Times _____

List all Dietary Restrictions (if any):

_____
_____
_____

List all Activity restrictions and reasons (if any):

_____
_____
_____
_____

This form has two sides, please fill out both sides

Camper Name: _____

Participant has/has had any of the following:

Recent injury, illness, or infectious disease	Y	N	Orthopedic problems	Y	N
Chronic or recurring illness/condition	Y	N	Have skin condition	Y	N
Hospitalized in the last 2 years	Y	N	Diabetes	Y	N
Surgery in the last 2 years	Y	N	Mononucleosis in the last year	Y	N
Ever had a head injury	Y	N	Trouble sleeping/bed wetting	Y	N
Wear corrective lenses	Y	N	Abnormal menstruation	Y	N
Become dizzy/pass out during exercise	Y	N	Eating disorder	Y	N
Ever had a seizure	Y	N	Bringing adaptive equipment	Y	N
Heart/blood pressure problems	Y	N	Emotional problems	Y	N

Please explain any YES answers from above:

_____

_____

_____

Has the participant had (circle all that apply)

Measles Chicken pox German Measles Mumps Hepatitis Vacclin Zosser

Please give dates for immunizations for:

DTP _____ Polio _____ Influenza _____

TD _____ Measles _____ Hepatitis _____

Tetnus _____ Rubella _____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

_____

_____

_____

Name of Physician: _____ Phone: (____)_____

To be completed by medical personnel:

BP: _____ Weight: _____ Height: _____

In my opinion the above participant is:

- ❑ Able to participate in camp without restriction
- ❑ Not able to participate in camp
- ❑ Able to participate with the following restrictions

_____

_____

_____

_____

_____

Medications to be administered at camp:

_____ Dose:_____ Times:_____

_____ Dose:_____ Times:_____

_____ Dose:_____ Times:_____

Please attach additional sheets to accurately describe any restrictions or instructions for camp personnel.

Signature of Licensed Medical Personnel: _____
Printed Name: _____ Title: _____
City: _____
Phone: (___)_____ Date: _____

Parent/Guardian/Staff Authorization: This health history is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all camp related activities except as noted.

Signature: _____ Printed: _____ Date: _____

This form has two sides, please fill out both sides