

# 2010 Cedarkirk Summer Camp Health and Information Form

**Camper Name:** \_\_\_\_\_ **Camp Session:** \_\_\_\_\_

The information on this form will be used to assist the camp director, health care manager and camp counselors. The information requested does not affect the acceptance of your child in the program. Your cooperation can help to insure a quality camping experience for your child. Only staff will access this information and they will not share it with your camper or any other campers.

## Health Information

Dates of Most recent Immunizations: DPT: \_\_\_\_\_ Polio: \_\_\_\_\_ Tetanus: \_\_\_\_\_

Is this camper subject to any of the following: (check any that apply)

- Heart Ailments     Sleepwalking     Bedwetting     Hay Fever     Asthma  
 Food Reactions     Insect Reactions     Epilepsy     Allergies     Psychiatric Treatment

Please detail (including those above) any serious illness or on-going conditions: \_\_\_\_\_

Operations or serious injury in the past 2 years? \_\_\_\_\_

Does the camper have any special needs (such as those recognized by the school system) or medications which might affect his/her activities at camp (i.e. hearing impairment, physically challenged, ADD or ADHD, etc.)?  Yes  No  
If so, please explain.

Are there any special dietary concerns or modifications?  Yes  No

If yes, please describe.

For females: Has the camper menstruated?  Yes  No If not, has this been discussed with her?  Yes  No

Does he/she "wet the bed" on occasion?  Yes  No Does he/she sleepwalk?  Yes  No

Please describe the camper's swimming ability/attitude toward the water:

- Excellent/enjoys the water     Good/comfortable around the water  
 Poor/uncomfortable around the water     Cannot swim/fearful of the water

Has the camper stayed overnight with persons other than immediate or extended family?  Yes  No

Is he/she prone to homesickness?  Yes  No

Has the camper ever been to an overnight camp before?  Yes  No If so, where? \_\_\_\_\_

Does the camper know others coming this same week?  Yes  No If so, who? \_\_\_\_\_

Does the camper want to come to camp?  Yes  No

If your camper's parents are divorced, is there information of which we should be aware (such as custody issues)?

- Yes  No If so, please explain.

Have there been any life changing or stressful events in the life of the camper in the last 18 months that we should know to provide better care? This might include a change of household, a friend moving away, the death of a person or pet, a serious illness, or the military deployment of a family member.

- Yes  No If so, please explain.

As your child thinks about coming to camp, what excites and concerns her/him? (Please note if this is a joy or a concern)

What do you as a parent hope for your child when they come to Cedarkirk this summer?

Please describe your child's personality traits as they apply to participating in community living. What do you want your child's counselor to know about your child?

Please add any comments/suggestions that may be helpful to the Cedarkirk staff (use additional paper if needed).

# 2010 Cedarkirk Summer Camp Health and Information Form cont.

## **Camper Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Finished by 06/13/10: \_\_\_\_\_

## **Family Information**

**Parent or Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

**Second Parent or Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact (if parent is unavailable):** \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

## **Health Information**

Name of Child's Physician: \_\_\_\_\_ Health Insurance Company: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Please attach a copy of your health insurance card.** Cedarkirk provides secondary accident/sickness coverage. Your insurance will be the primary coverage. Our insurance pays the difference between your bill and what is covered by your insurance (to the limits of our policy).

## **Medications**

Please list all medications your camper will be bringing with them to camp. You will be asked to review and update this information at the time of camp. All medications must be brought in the original pharmacy bottles and given to the camp health care specialist. If your child is on behavior modification medication, we strongly recommend keeping your child on the medication while at camp. Please attach an additional sheet if you need extra space for this information.

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## **Parent/Guarding Authorization**

In signing this health/information form, I hereby authorize that the information on this form is correct and give Cedarkirk/PCCM permission to provide my child/youth ongoing health care and for the release of medical records in case of illness or accident. I give permission for non-prescription medication to be given to my child under the supervision of a health care manager. In the case of an emergency, I understand that every effort will be made to contact me or the above designates. In the event we cannot be reached, I hereby give permission to the physician selected by the camp staff to hospitalize, secure proper treatment for, and to order x-rays, routine tests, injection, anesthesia or surgery for the camper as named above. This form may be photocopied for use during off-site camp programs.

Signature of Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_