

2012 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 ensure 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 HISTORY

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, divorce, 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 him/her? (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 of help to the Cedarkirk staff as they prepare to care for your child (use additional paper if needed).

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CAMPER INFORMATION

Last Name: _____ First Name: _____ Preferred Name: _____
Street/P.O. Box: _____ City: _____ State: _____ Zip: _____
Gender: _____ Date of Birth: _____ Grade Finished by 06/10/2012: _____

FAMILY INFORMATION

Parent or Guardian: _____
Address: _____ City: _____ State: _____ Zip: _____
Day Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____
Cell Phone: (_____) _____ - _____ Email address: _____

Second Parent or Guardian: _____
Address: _____ City: _____ State: _____ Zip: _____
Day Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____
Cell Phone: (_____) _____ - _____

Emergency Contact (if parent is unavailable): _____
Day 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 check-in. 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.

PARENT/GUARDIAN AUTHORIZATION FOR TREATMENT

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 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.

Parent /Guardian Signature: _____

Date: ____/____/____

Please do not write
inside this box.

For office use only.