

Health History Form for Short-Term Campers (3 Nights or Less)

Return Completed Form to
the teacher at your school.

Due in Camp Office by
the 1st day of field trip.

Questions?
Call Rosemay Cameron at
805-927-0254.

Camper Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ Boy Girl
Month Day Year

Parent/Guardian: _____

Preferred Phone #: (_____) _____

About health care for short-term camper stays:

- At **minimum**, a staff member with First Aid and CPR is at camp when campers are present.
- Campers should arrive ready to participate in the program. Should your camper be unable to participate, **your child will be supervised by school or camp staff.**
- Campers should bring – and use – sun screen (minimum 30 SPF).
- **The school staff will be responsible for administering all student medication.**

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Is this child allergic to any food or medication? Yes No

If YES, name the item and indicate the reaction. _____ Intolerance Anaphylaxis

_____ Intolerance Anaphylaxis

3. Does this child have asthma? Yes No

If YES, will your child carry a rescue inhaler during the camp session? Yes No

If YES, does your child need staff help to use that rescue inhaler? Yes No

If YES, what triggers your child's asthma? _____

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.

Name of Parent: _____ Phone: (_____) _____

5. List the medications that your camper takes on a routine basis: This camper takes no routine medication.

a. Med: _____ Reason for taking this: _____

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6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____