

Grace Outside / Michigan Area
United Methodist Camping
PO Box 134 St Johns, Mi 48879
989-534-6587



Minor Camper Health Form

All campers age 18 and under are required by law to have a health form completed by their parent/guardian on file at the camp site for use by the Health Official during that camp. Campers over 18 must submit a completed form for themselves

Camp Staff Use : Health Form & current health status reviewed with Parent or camper Initials _____ Date _____

Camper's name: Last _____ First _____

Nickname _____

Street Address _____ City _____ State _____ Zip _____

Camper's date of birth mm/dd/yyyy _____ Grade next school year _____

Custodial Parent/Guardian Name _____

Phone # (Cell preferred) Parent 1 (_____) _____ - _____ Parent 2 (_____) _____ - _____

NONPARENTAL Emergency Contact

Name _____ Relationship _____

Emergency Contact Number (cell preferred) (_____) _____ - _____

PARENT/GUARDIAN AUTHORIZATION Please read and sign, indicating your authorization:

Routine Care: I grant permission for the Health Officer to give my child first aid and treat illnesses in accordance with the camp's Standard Care Procedures approved yearly by a physician.

Emergency Care: I grant permission to the camp Health Officer to secure emergency medical/surgical treatment, if necessary, for the camper named on this form while at camp. I understand the camp will make every possible effort to contact me prior to emergency treatment. In the event I am unavailable, emergency treatment will not be withheld or delayed to contact me. I give permission for my child to be transported for treatment, if the Health Officer deems it safe, in a private camp vehicle if I am unable to transport them, or by ambulance if indicated for the camper's safety. Costs associated with illness/injury-the camp will not be responsible for any costs incurred as a result of treatment or transportation due to illness or injury.

Assumption of Risks: Having read the camp description, I understand there are risks inherent to camping activities (outdoor activities, sports, aquatics, etc.) and I grant permission for my child to participate.

Parent/Guardian Authorization Signature: _____ Date _____

INSURANCE: Is the camper covered by family medical/hospital insurance? yes no

Please bring a front-and-back photocopy of your insurance card to check-in at camp, OR complete the fields below

Name of primary insurance provider _____ Name of Health Insurance Company _____

Contact Number: _____ Plan Code: _____ Group Number: _____

ALLERGIES: Camper has no known allergies

Food allergies. Describe food, reaction and management

Environmental allergies Describe reaction and management

Medication allergies. Describe reaction and management

NUTRITION: The camp kitchen can work to accommodate food allergies and most medically prescribed diets, but can not cater to individual food preferences. Describe any dietary needs or restrictions. (Vegan, Vegetarian, Gluten, lactose intolerant). **Contact the camp 2 weeks prior to camp to make arrangements.**

MEDICATIONS: Medications must be given to the camp Health Officer at check-in for dispensing at the designated times. All medications (over the counter and prescription) by law must be locked securely in the Camp Health Center. Talk with the Health Officer for exceptions (inhalers, epi pens) **ALL MEDICATIONS MUST BE SENT IN THEIR ORIGINAL CONTAINERS, LABELED FOR THAT CAMPER WITH MEDICATION NAME, DOSAGE/FREQUENCY TO BE GIVEN AND THE NAME OF THE PRESCRIBING PHYSICIAN ON THE LABEL** Medications are dispensed at meals and bedtime unless it is critical that they be given at a different time (anti-seizure, psych, ADHD)

Please list medications to be given at camp, both prescription and non-prescription. State the drug name, dosage and time of day to be given

Medication:	Dose	Time of day to be given (8am, 12n, 5pm, bed, other)

Inhaler	Frequency	Notify Health Officer if prn used
		Given to Health Officer <input type="checkbox"/> Camper kept <input type="checkbox"/>
		Given to Health Officer <input type="checkbox"/> Camper kept <input type="checkbox"/>

Epi pen use demonstrated by camper or counselor yes Given to Health Officer Camper kept Counselor kept

The camp stocks the following medication. Please do not send additional amounts unless given routinely.
 Acetaminophen (Tylenol) Ibuprofen (Motrin) Diphenhydramine (Benadryl) Decongestant, Allergy medicine-loratadine (Claritin), Antacid, Cepecol throat lozenges, Calamine lotion, Cough drops, Cough suppressant, Imodium (Anti-diarrhea) Hydrocortisone Cream

- Please Check one**
- It is ok to give my child stock medications if indicated per camp Standard Orders
 - It is ok to use these meds except _____

HEALTH CONDITIONS

- Please check all that are applicable and explain below
- Has a chronic illness/condition (ear aches, sore throats)
 - Has had a seizure
 - Has asthma, wheezing, hay fever
 - Has a history of bed wetting
 - Girl has been told about menstruation
 - Has had a concussion
 - Any activity restriction, explain _____
 - Has had a recent injury, illness, operation (explain below)
 - Has diabetes
 - Has a heart defect/heart disease
 - Has a history of sleepwalking
 - Allergy to bee stings
 - Immunizations up to date
 - Date of last tetanus shot _____

Describe any past or ongoing medical issues checked above and any conditions not listed above

****Please share any information that might be helpful** to the staff in providing the most positive camp experience possible, such as recent changes in family, learning/behavioral challenges, other issues that are positively or negatively affecting him/her at this time. The information will only be shared with those directly caring for your camper and be kept confidential.

Signature _____ Date _____