



# GLLM Health History Form

9916 Lake Ave S  
Spicer, MN 56288  
320-796-2181

Legal Name \_\_\_\_\_  
Last First MI

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

### Legal Guardian and Emergency Contact Information

1<sup>st</sup> Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2<sup>nd</sup> Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does your family carry health insurance? Yes No

Insurance Company/Plan Name \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_ Full name of Policy Holder: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Has your camper experienced or is your camper currently experiencing any of the following conditions? If so, please check and explain below.

- \_\_\_\_ ADD/ADHD
- \_\_\_\_ Asthma/Inhaler
- \_\_\_\_ Bedwetting
- \_\_\_\_ Concussion
- \_\_\_\_ Diabetes
- \_\_\_\_ Ear Infections
- \_\_\_\_ Epilepsy
- \_\_\_\_ Headaches
- \_\_\_\_ Mental Health Concerns
- \_\_\_\_ Seizures
- \_\_\_\_ Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your camper had or does your camper currently have:

- \_\_\_\_ Chicken Pox
- \_\_\_\_ Hepatitis A
- \_\_\_\_ Hepatitis B
- \_\_\_\_ Hepatitis C
- \_\_\_\_ German Measles
- \_\_\_\_ Red Measles
- \_\_\_\_ Mono (in past year)
- \_\_\_\_ Mumps
- \_\_\_\_ Rheumatic Fever
- \_\_\_\_ Scarlet Fever
- \_\_\_\_ Whooping Cough
- \_\_\_\_ Lice (within last 2 weeks)

Explain as needed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check below the over-the-counter medications that you grant permission for GLLM staff to administer to your child if needed:

- Acetaminophen (Tylenol)
- Aloe Vera
- Antacids
- Antibiotic Cream
- Antihistamines (Benadryl)
- Aspirin
- Calamine Lotion
- Cough Drops
- Hydrocortisone Cream
- Ibuprofen (Advil)
- Lice Shampoo
- Pepto Bismol
- Robitussin
- Robitussin DM
- Sore Throat Spray
- Sudafed
- Sunburn Spray (Solarcaine)

Does your child have any allergies to food, drugs, or other environmental allergens? If so, please list:

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Please explain a typical reaction and treatment options:

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Does your child require an Epi Pen? Y N

*\*If your camper requires an EpiPen, please provide an EpiPen for use while at camp.*

Does your child have any dietary restrictions? Please explain:

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Has your camper had any operations? If so, please explain the operation(s), including date(s).

*\*It is important to note if prior operation(s) will affect your camper's health while at camp.*

Has your camper ever been hospitalized or had a serious injury? If so, please explain the reason(s) for hospitalization(s) or the serious injury(ies) and the dates they occurred. \_\_\_\_\_

*\*It is important to mention any signs of illness that camp staff should look out for.*

Does your camper have any restrictions on activity? If so, please explain what activities must be restricted and list any special accommodations that should be made. \_\_\_\_\_

*For female campers:* Has camper menstruated Yes No      If not, has she been told about it? Yes No

Special Considerations: \_\_\_\_\_

**Medications:** *If your camper will require medication to be administered at camp, please note that ALL medications must be kept in the Health Center. ALL medications must be in an original pharmacy container with correct name, date, and instructions on the bottle. We are unable to give campers medications not following this protocol.*

*\*upon arrival at camp, you will be able to talk with the Health Aide in detail about these medications*

<b>Medication Name</b>	<b>Time Taken and Dosage</b>	<b>Additional Information</b>

**Important information:** For everyone's safety, State Law requires that ALL medications brought to camp must be kept in the Health Center. The only exceptions to this rule are Rescue Inhalers and Epi-pens. Campers are allowed to visit the Health Center as needed to receive their daily medications. ALL medications must be in an original pharmacy container with the correct name, date, and instructions on the bottle. The camp cannot give campers medications that are improperly labeled or not prescribed by a physician or practitioner. Over-the-counter medications should not be brought to camp by campers; we have common over-the-counter medications in stock. Accordingly, Standard Orders for Health Care are provided for the camp by a licensed physician at the New London ACMC. This allows the GLLM Health Aide(s) to administer first aid and dispense medications.

### Immunizations

We require that all campers are up-to-date on immunizations for the state of Minnesota. Please sign below indicating your compliance with these requirements. If religious objections or medical reasons mean that your child is not up-to-date, we require a signature indicating that you accept the associated risks. We do require the date of your child's last tetanus shot. All other immunization records will be assumed based on your signature below. If you have questions about this policy, please call us at 320-796-2181.

Date of the camper's last tetanus shot: \_\_\_\_\_

***If your camper is in full compliance with immunization requirements, please sign below:***

My child is up to date on all immunizations required by the School Immunization Law in Minnesota.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

***If your camper has not been fully immunized, please sign the following statement:***

I understand and accept the risks to my child by not being fully immunized.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

### Parent or Legal Guardian Authorization

***\*must be completed for attendance***

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to engage in all camp activities, except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on the form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

***If there are other health or other concerns that you would like us to know, please feel free to use the space below to explain. Examples might be if your child has a tendency to sleepwalk, or if a significant life event has happened recently that might impact your child's emotional well-being while he/she is at camp. As always, if you have any questions or concerns that you would like to talk to us about, please call!! Communication from home is a helpful part of making the camp week great.***