



9916 Lake Avenue South  
Spicer, MN 56288  
Telephone: 320-796-2181

# Health History Form

Legal Name \_\_\_\_\_, \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI  
Sex M F 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 \_\_\_\_\_

### Health History:

*(check and give approximate dates)*

- \_\_\_\_\_ Frequent Ear Infection
- \_\_\_\_\_ Heart Defect/ Disease
- \_\_\_\_\_ Convulsions/Seizures
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Bleeding/Clotting Disorder
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Mononucleosis
- \_\_\_\_\_ Psychiatric Treatment

### Diseases

- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ Measles
- \_\_\_\_\_ German Measles
- \_\_\_\_\_ Mumps

### Allergies (dates not needed)

- \_\_\_\_\_ Hay Fever
- \_\_\_\_\_ Poison Ivy, etc.
- \_\_\_\_\_ Insect Stings
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Sulfa Drugs
- \_\_\_\_\_ Other Drugs
- \_\_\_\_\_ Other Drugs
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Has this camper ever required any psychiatric counseling or hospitalization? \_\_\_\_\_

Explain \_\_\_\_\_

Operations or serious injury (dates) \_\_\_\_\_

Disability or Chronic Illness \_\_\_\_\_

Activities to be exempt or limited by doctor \_\_\_\_\_

Dietary Modifications \_\_\_\_\_

Current Medications (send instructions) \_\_\_\_\_

Other disease or details from above \_\_\_\_\_

Dentist/Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Does your family carry health insurance Yes No

If so, indicate: Company name \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

Individual who carries coverage \_\_\_\_\_

Suggestions on health related information for camp personal (attach additional information if necessary) \_\_\_\_\_

### For Female Campers

Has person menstruated? Yes No If not, has she been told about it? Yes No

If so, is her menstrual history normal? Yes No Special Considerations \_\_\_\_\_

### Doctor's Report (only required if camper has major health concerns)

I have examined the person described and have reviewed his/her history. It is my opinion that he/she is physically able to engage in camp activities, except as noted in the attached report. **Please attach a list of medications to be administered at camp and include specific dosages.**

Physician's Name (Print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

***\*If all immunizations are current, you may indicate so and sign.***

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) (DTaP) Tetanus or	1. 2. 3.	1. 2.
Tetanus Diphtheria (Td) or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles, Mumps, Rubella (MMR)		
Varicella (Var)		
Hepatitis B	1. 2. 3.	
Other		
Tuberculin test given _____ (most recent)		
Haemophilus influenza b (HIB)		

### Consent for Medication Administration

This section includes a list of medication GLLM has in stock and is allowed to administer under medical direction. Please **circle** those medication ***that you would allow*** the Health Care Staff to administer to your camper, if needed, and then sign the first signature box. If you do not circle one or more of the medications, that medication will not be administered and the staff will contact you by phone before giving that medication. **If you *do not* want the staff to administer any medications, sign the second signature box.** Please note that all medications will be given according to labeled directions based on your child's health history.

- Ibuprofen (Advil or Motrin)
- Antiseptic Ointment
- Benadryl
- Aloe Vera
- Calamine Lotion
- Pepto-Bismol
- Cough Drops
- Tums
- Sudafed
- Sore Throat Spray
- Imodium AD
- Burn Cream
- Robitussin DM
- Acetaminophen (Tylenol)
- Hydrocortisone Cream

**1.** I grant the health care staff at GLLM, as appointed by the camp physician, **permission** to administer the medication(s) that I have indicated above. I understand that all medications will be administered according to labeled directions, and that those medications which I did not check, will not be given without my permission unless in the event of an emergency.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**2.** I **do not** give anyone at GLLM the permission to administer medications without my permission. I understand that I will be contacted by a GLLM staff member before any medication(s) are administered, unless in case of an emergency.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Parent or Legal Guardian Authorization *\*must be completed for attendance*

This health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities, except as noted by me and/or an examining physician. **Authorized for treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**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 medication. All medications must be in an original pharmacy container with the correct name, date, and instructions on the bottle. The camp cannot give campers any medications that are improperly labeled or not prescribed by a physician/practitioner. Over-the-counter medications should not be brought to camp by campers; we have common over-the-counter medications in stock. Accordingly, Standing Orders for Health Care are provided for the camp by a licensed physician at the New London ACMC. This allows the GLLM camp nurse(s) to administer first aid and dispense medications.