

Carleton College Prairie and Wood Health History Form

Camper Name _____ Birthdate _____ Sex _____ Age _____
Address _____ City _____ State _____ Zip _____

Parent or Guardian (or Spouse) Name: _____ Cell Phone: _____
Daytime Phone (____) _____ Evening Phone (____) _____

Emergency Contact Name: _____ Cell Phone: _____
Daytime Phone (____) _____ Evening Phone (____) _____

Family Physician _____ Phone _____

Dentist _____ Phone _____

Medical Insurance: _____ Insured Name: _____ #: _____

Medications Being Taken: List all meds. (including over-the counter) taken routinely. Bring enough in original packaging with complete instructions for entire camp period.

Med. #1 _____ Dosage _____ Times taken each day _____

Med. #2 _____ Dosage _____ Times taken each day _____

Ask for additional form for prescription medications to be administered by camp counselors.

Allergies: Please list all medication, food and other allergies (e.g. latex). Use the reverse if necessary.

Allergy: _____ Reaction and management: _____

Allergy: _____ Reaction and management: _____

General Questions (explain "yes" below) Yes No

- | | |
|---|--------|
| 1. Recent injury or illness? | Yes No |
| 2. Chronic or recurring illness/condition? | Yes No |
| 3. Ever had seizures? | Yes No |
| 4. Ever had chest pain during or after exercise? | Yes No |
| 5. Have diabetes? | Yes No |
| 6. Have asthma? | Yes No |
| 7. If female, have an abnormal menstrual history? | Yes No |
| 8. Ever had frequent ear infections? | Yes No |
| 9. Had mononucleosis in the past 12 months? | Yes No |
| 10. Ever had back problems? | Yes No |
| 11. Have frequent headaches? | Yes No |
| 12. Ever had high blood pressure? | Yes No |
| 13. Any special protective or corrective devices? | Yes No |

Please explain any "yes" answers: _____

Explain any activity restrictions or limitations, and provide any information about participant's behavior, physical, emotional, or mental health about which the camp should be aware: _____

(attach additional info. if needed)

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Emergency Authorization:** I hereby authorize camp staff to give reasonable first aid; to administer over-the-counter medications as necessary, and other medications as instructed; to transport my child to a health care facility; and for health care professionals to perform emergency services as needed. This completed form may be photocopied for use out of camp. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. **Transportation Authorization:** My child has permission to be transported by camp staff on camp trips that are part of the program for which he/she is registered.

Signature of parent or guardian _____ Date _____

Photo Release: I give permission and consent to allow photographs, videotapes, and interviews to be taken during the camp session. I further give consent that any such images or interviews may be published and used to illustrate and promote the camp and Carleton College.

Signature of parent or guardian _____ Date _____