



## Health History

The following information must be filled in by the parent/guardian, or adult camper or staff member. The intent of this information is to provide health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon the participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

**ALLERGIES** List all known Describe reaction and management of the reaction.

**Medication allergies** (list)

_____	_____
_____	_____
_____	_____

**Food allergies** (list)

_____	_____
_____	_____
_____	_____

**Food allergies** (list) - include insect stings, hay fever, asthma, animal dander, etc.

_____	_____
_____	_____
_____	_____

### MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Identify ALL medications taken daily before or after regular camp hours. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Each medication to be administered by camp health personnel requires completion of a Barrie Camp *Authorization to Administer Medication Form*.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

\_\_\_\_\_

**RESTRICTIONS** The following restrictions apply to this individual:

#### Dietary

Does not eat red meat

Does not eat pork

Does not eat eggs

Does not eat poultry

Does not eat seafood

Does not eat dairy products

Other (describe) \_\_\_\_\_

**Explain any restrictions to activity** (e.g. what cannot be done, what adaptations or limitations are necessary)

\_\_\_\_\_

\_\_\_\_\_



## Health History and Care Recommendations by Licensed Medical Personnel

I have examined this individual on \_\_\_\_\_. (ACA-accreditation requirements specify exams within 24 months of camp attendance. A new exam is not necessarily required for camp attendance.)

BP \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

In my opinion, the above applicant  is  is not able to participate in an active camp program.

The applicant is under the care of a physician for the following conditions:

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### Recommendations and Restrictions at Camp

Treatment to be continued at camp \_\_\_\_\_

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Medications to be administered at camp (name, dosage, frequency) \_\_\_\_\_

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Any medically-prescribed meal plan or dietary restrictions \_\_\_\_\_

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Known allergies \_\_\_\_\_

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Description of any limitation or restriction on camp activities \_\_\_\_\_

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Additional information for health care staff at the camp \_\_\_\_\_

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**Signature of Licensed Medical Personnel** \_\_\_\_\_

Printed \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

### Screening Record

Date screened \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Meds received \_\_\_\_\_

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Updates/additions to health history noted  Yes  No  None required

Current health needs identified \_\_\_\_\_

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Observational notes \_\_\_\_\_

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Screened by \_\_\_\_\_