Ski & Snowboard Camp

Camper Health History Form

Date of Birth:	Camper Name:	Revised January 2018
Parent / Guardian to contact in case of injury or illness: Name:	Date of Birth: Age:	
Name:	Address:	
Name:	Parent / Guardian to contact in cace of injuny or illnoss:	
Preferred Phone #s:		Deletionskip to compare
Additional emergency contact in case Parent / Guardian cannot be reached: Name:		
Name:		()
Preferred Phone #s: (Additional emergency contact in case Parent / Guardian cannot be rea	ached:
PLEASE FILL OUT THIS SECTION COMPLETELY The information on both sides of this form is correct and the camper described has permission to participate in all camp activities except as noted on this form. Junderstand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency (b) if questions about my child's health may arise, and/or (b) when my child is unable to continue because of injury or illiness. If i am unable to be reached in use event of my child's health may arise, and/or (b) when my child is unable to continue because of injury or illiness. If i am unable to be reached in use event of my child's health may arise, and/or (b) when my child is unable to continue because of injury or illiness. If i am unable to be reached in use event of my child's health may arise, and/or (b) when my child is unable to continue because of injury or illiness. If i am unable to be reached in use event of my child's health may arise, and/or (b) when my child is unable to activities are inherently dangerous. Every precaution will be taken, but it is understood that Purity Spring Resort, inc. cannot be held responsible in case of an accident. Sprinter of Parent / Guardian:	Name:	Relationship to camper:
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OTHER CONSIDERATIONS:	Signature of Parent / Guardian:	Date:
	Please attach a copy of immunization records from your health-care provider or	current school records.
In the past few weeks, has this camper been exposed to any communicable diseases?	OTHER CONSIDERATIONS:	
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Are there any other health issues we should be aware of that may affect this camper's ability to fully participate in our program: medical, emotional, mental, social...

ALLERGIES:	This camper has known allergies to:	Food	Medicine	Environment	□ Other			
Please describe what	Please describe what the camper is allergic to and the reaction seen:							
If this camper carri	es a personal epinephrine auto-injector, th	is section must b	e completed by camper's	parent/guardian.				
Medication / Route	/ Dosage:							
Please provide any	Specific Recommendations for Administrati	on (<i>what type of</i> s	symptoms would indicate	need for medication):				
	rmission to possess and use their personal e is well as the knowledge and skill to safely p		-					
Signature of Parent	t / Guardian:			Date:				
ASTHMA:	Does this camper have asthma?	□ Yes	□ No					
If YES, please descri	If YES, please describe what triggers a reaction.							
If this camper carries a personal asthma inhaler, this section must be completed by camper's parent/guardian. Medication / Route / Dosage:								
Please provide any Specific Recommendations for Administration (what type of symptoms would indicate need for medication):								
This camper has permission to possess and use their personal asthma inhaler while at Ski & Snowboard Camp. I verify that this camper has a valid prescription, as well as the knowledge and skill to safely possess and use their personal asthma inhaler while at Ski & Snowboard Camp.								
Signature of Parent	t / Guardian:			Date:				
MEDICATION:	Will this camper be taking any medicatio	ns while attendin	g camp?	□ Yes	□ No			
If YES, please provide the following information; this camper will take the following daily medications while at camp: "Medication" refers to any substance a person takes to maintain and/or improve health. This includes vitamins & natural remedies. Medications should be in original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough medication to last the entire time the camper will be at camp.								

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Name of	Date	Reason for taking it	When it is given	Amount or dose given	How it is given
Medication	Started				
			Breakfast		
			🗆 Lunch		
			🗆 Dinner		
			Bedtime		
			Other		
			Breakfast		
			🗆 Lunch		
			🗆 Dinner		
			Bedtime		
			Other		
			Breakfast		
			🗆 Lunch		
			🗆 Dinner		
			Bedtime		
			Other		

Please Note: Camp may stock certain non-prescription medications to be used on an *as needed basis* to manage illness and injury. Please list any such medications that this camper should NOT be given.