

Ski & Snowboard Camp

Camper Health History Form

Revised January 2018

Camper Name: _____

Female

Male

Date of Birth: _____ Age: _____

Address: _____

Parent / Guardian to contact in case of injury or illness:

Name: _____ Relationship to camper: _____

Preferred Phone #: () _____ () _____

Additional emergency contact in case Parent / Guardian cannot be reached:

Name: _____ Relationship to camper: _____

Preferred Phone #: () _____ () _____

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. I understand 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 (c) when my child is unable to continue because of injury or illness. If I am unable to be reached in the event of my child's injury or illness, I give permission to camp leaders to authorize immediate medical treatment.

Signature of Parent / Guardian: _____ Date: _____

Please Note: Skiing, snowboarding, and other recreational winter 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.

Medical Insurance Information:

When we bring a camper to the hospital for treatment, we will be asked for the following insurance information. The hospital will try and contact you directly. If, however, you are unavailable at that time, not having this information may delay treatment.

This child is covered by medical / hospital insurance: Yes No

Insurance Company: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Policy Holder Address (if different from home address above): _____

Primary Physician Information:

Name (please print): _____

Business Phone #: _____ Emergency Phone #: _____

DIET / NUTRITION: This camper eats a regular diet This camper eats a vegetarian diet This camper eats a vegan diet
 This camper has special food needs (*please describe below*)

IMMUNIZATION HISTORY:

I verify that this camper will be up to date with immunizations prior to their participation in Ski & Snowboard Camp.

Signature of Parent / Guardian: _____ Date: _____

Please attach a copy of immunization records from your health-care provider or current school records.

OTHER CONSIDERATIONS:

In the past few weeks, has this camper been exposed to any communicable diseases?

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 the camper is allergic to and the reaction seen:

If this camper carries a personal epinephrine auto-injector, this section must be completed by camper's parent/guardian AND physician.

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 epinephrine auto-injector while at Ski & Snowboard Camp.

Signature of Parent / Guardian: _____ Date: _____

I verify that this camper has a valid prescription, as well as the knowledge and skill to safely possess and use their personal epinephrine auto-injector while at Ski & Snowboard Camp.

Signature of Parent / Guardian: _____ Date: _____

ASTHMA: Does this camper have asthma? Yes No

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 AND physician.

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.

Signature of Parent / Guardian: _____ Date: _____

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 / Guardian: _____ Date: _____

MEDICATION: Will this camper be taking any medications while attending 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.

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> 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.

Signature of Physician: _____ Date: _____