

Camper Health History Forms (please mail completed form to us as soon as you can)

CAMP OLIVER
PO BOX 206 DESCANSO, CA 91916

Camper Name: _____ Birth Date: _____ Age: _____ Sex: _____
(Last) (First) (Initial)

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Parent/Guardian 1: Name: _____ Work: _____ Cell: _____

Parent/Guardian 2: Name: _____ Work: _____ Cell: _____

Emergency Contact: Name: _____ **Phone:** _____ **Cell:** _____

Medical Information:

Family Physician: _____ Phone: _____ Date of last physical exam _____

Medical Insurance Carrier: _____ **Policy and/or Group#:** _____

PLEASE MAKE SURE TO INCLUDE YOUR CHILD'S INSURANCE INFORMATION.

Medical Information past or present (please check).

Currently under Dr. care	Yes	No	ADD/ADHD	Yes	No	Measles	Yes	No
Heart Defect/Disease	Yes	No	Head Lice (recent)	Yes	No	German Measles	Yes	No
Recent Hospitalization	Yes	No	Bedwetting	Yes	No	Other Diseases or Conditions	Yes	No
Asthma	Yes	No	Sleepwalking	Yes	No	_____		
Seizures	Yes	No	Tuberculosis	Yes	No	_____		
Diabetes	Yes	No	Chicken Pox	Yes	No			

For each Yes, Please explain: _____

Does your child have Head Lice? _____ **Yes** _____ **No**

If your child is found to have Head Lice at check in you will be called and asked to pick up your child immediately.

Allergies:

Hay Fever	Yes	No	Bee Stings	Yes	No	Penicillin	Yes	No
Poison Oak/Ivy	Yes	No	Bee Sting Kit?	Yes	No	Other Drugs	Yes	No
Foods	Yes	No	Other insects or animals	Yes	No	Any other allergies?	Yes	No

Dietary Restrictions? Yes No _____

Any reason to restrict full activity including swimming, long hikes, strenuous physical games?: Yes No _____

If Yes, please explain: _____

Please check the Medications you approve to be given to your child if needed while at Camp.

Non-Prescription Medications: I give Camp Oliver my permission to give my child the following medication if deemed necessary,

Tylenol	Yes	No	Benadryl	Yes	No	Kaopectate	Yes	No	Cough Syrup/Drops	Yes	No
Ibuprofen	Yes	No	Decongestant	Yes	No	Camphophenique	Yes	No	Calamine Lotion/Cortaid	Yes	No

If your child is bringing medication to camp, prescription or over the counter, please fill out the section below. Please include vitamins or supplements.

DO NOT PACK THE CHILD'S MEDICATION! KEEP IT WITH YOU UNTIL CHECK IN

Child's medication will be administered as prescribed. All medication must meet these requirements. If requirements are not met, Camp Oliver will **not** be able to dispense medication to the child.

1. Medication must be in original bottle/packaging with label stating Physician's name, Child's name, name of medication, dosage and expiration date.
2. Any over the counter medication must be in original packaging AND MUST NOT BE EXPIRED.
3. MEDICATION MUST NOT BE EXPIRED.
4. Please discuss the child's condition with our Health Care Supervisor.

Medication	Dosage	When	Purpose

Please tell us about your child's condition.

Please complete the section below if your child has an Asthma Inhaler, Epi-Pen or Insulin.

Due to the potential necessity for immediate medication distribution imposed by the child's life-threatening allergic response or asthma, I hereby request that the child's medication be carried with the counselor that is with my child at all times.

The prescribed device is...

- Epi-Pen Asthma Inhaler Insulin Other please explain _____

MAKE SURE MEDICATION HAS NOT EXPIRED!

I agree that the child is capable of communicating to his/her counselor when he/she needs this medication. I agree to release Camp Oliver, the Sisters of Social Service, its staff and agents from all liability arising as a result of this waiver.

Parent/Guardian
Signature _____

Date _____

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR: The following MUST be completed.

I, the undersigned, parent/guardian of _____, a minor, do hereby authorize the staff of Camp Oliver, as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, emergency medical services and hospital care which is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis or treatment is rendered at the office of said physician or at such a hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our above-named agent(s) to give specific consent to any and all such examinations, diagnoses, treatments or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is give pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until Camp Oliver receives written notification from the parent/guardian canceling this consent form. I have included my child's medical insurance information above.

I give permission to Camp Oliver and/or staff to provide my child with routine health care including providing over the counter medication that have been approved on the Health History form or Health Care Provider prescribed medications. I agree that in the event that my child needs any medical treatments from any other source other than that provided or approved by the Camp Director, I will accept full and complete responsibility. I understand that there is always a staff member trained in First Aid and CPR with the campers, and that a Health Supervisor is part of the camp staff. 911 ambulance services are available.

I understand that the nearest hospital is Sharp Grossmont in La Mesa. In case of an illness during camp, campers will be housed in our Health Center for a short period unless the illness is contagious where the child must be picked up from camp.

I understand that Camp Oliver will call me if any accidents more severe than a scratch or bruise occur or if my child comes down with a serious illness. If Camp Oliver cannot reach me they will call my emergency contact listed on this Health History Form. Parents/Guardians will be called for any issues of concern regarding their child.

I have provided a copy of my child's most recent vaccination record.

Parent/Guardian Signature _____

Date _____

Please attach a copy of the child's current shot record.

A current TETANUS vaccination is required to attend camp.

Camp Oliver requires a physical exam done within the past 12 months IF the child is currently being treated for any condition by a Licensed Medical Personnel.

Please have your health care provider fill out this form or attach a copy of the recent physical.

Child's Name: _____ **Birth Date:** _____ **Sex:** _____

Parent/Guardian Name: _____

Camp Oliver requests your written authorization prior to the child's attendance at Camp Oliver. Please realize that camp is held at an elevation of over 3400 feet and the programs are very active. We have strenuous hiking, games, swimming and camp activities. Your careful consideration is appreciated.

I have examined the child named on this form within the past 12 months. DATE OF EXAM: _____

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except noted below.

Height: _____ **Weight:** _____ **Blood Pressure:** _____

Is the applicant under the care of a physician for any conditions? Yes / No

Please explain: _____

Are there any restrictions in any of the physical programs (hiking, swimming, games, etc.)? Yes / No

Please explain: _____

Any medically prescribed meal plan or dietary restrictions? _____

Any treatment or medications to be continued at camp (please give specific medication and dosages)?

Any Allergies?(food, drugs, plants, insects, etc.)? _____

Any additional health information for camp staff? _____

Licensed Medical Personnel

Signature _____ **Printed Name:** _____

Title: _____ **Address:** _____ **Phone:** _____

THANK YOU FOR YOUR COOPERATION