



Campers Health History

Camper's Name _____

Guardian's Phone # _____ Age _____

Address _____

City _____ State _____ Zip _____

Session Attending _____

**TO THE PARENT: THIS FORM SHOULD BE COMPLETED AS ACCURATELY AS POSSIBLE
BY A PARENT OR GUARDIAN. BRING THIS FORM WITH YOU TO CAMP.**

List any allergies camper may have to food, pollens or antibiotics. _____

Do you know of any physical disorder that would prevent this camper from participating in a vigorous camping program?

Does he / she have a tendency to wet the bed regularly? _____

Does he / she ever walk in his or her sleep? _____

Dietary Restrictions: Is your child vegetarian or vegan? Yes No

Has he / she been given tetanus injections or boosters recently? _____ If so, when? _____

Has his / her appendix been removed? _____

Are there any medications or treatments your child is currently taking of which we should be aware or which you will want us to supervise during his or her stay at camp?

Do you know specifically if your camper is allergic to bee stings, penicillin, animal (horse, dog, cat, etc.) etc.? _____

In case of emergency where you cannot be reached, is there some other close relation or party whom we might contact?
_____ Phone No. _____

This child will participate in a program of vigorous camping activities including swimming, horseback riding, climbing, jumping, hiking, etc. Please state, if in your opinion, this child is in physical condition to take part in such a program of strenuous outdoor activities, and if not, what specifically should be avoided:

Any additional remarks: _____

A NOTE TO PARENTS: We have a great clinic in Nashville. We'll use this facility in the event of any minor scrapes or aches, etc. Bloomington and Columbus Hospitals are each about 30 minutes from Camp, should we need additional care. We will notify you if your child has gone to a doctor for any reason. The Camp has supplemental medical insurance in case a camper is injured while at camp. This is a secondary policy that kicks in only after the primary insurance, or in the rare case a camper doesn't have any coverage. All medical expenses will be processed through your insurance first. Our Camp insurance is not intended to replace a camper's primary insurance. By signing below you are acknowledging that you have read and understand this and that your child is covered by insurance while attending Camp Palawopec. Please sign and date to indicate this arrangement is agreeable with you. Also indicate your insurance carrier and policy number.

Parent / Guardian Signature _____ Date _____

Family Medical Insurance Carrier _____ Policy # _____

Name of your Family Doctor _____ Doctor's Phone # _____

If this Camper is to be taking ANY medications during camp, it is essential that we have written instructions regarding administration of these medicines from you, the parent / guardian. Please complete the following if this situation will apply to your camper.

Camper's Name _____

Medication(s) _____

Note: All camper medications must be dispensed from their original containers.

Special care of medication (refrigeration, etc.) _____

Describe medication instructions in detail: Dosage instructions, times, with or without food, at bedtime, etc.

Any special reactions / symptoms to watch for? _____

Remarks _____

CAMP USE ONLY

Camper's Name _____ Age _____

_____ Examination of arriving camper / staff by Camp Health Supervisor.

_____ Skin

_____ Eyes

_____ Temperature

_____ Throat

_____ Ears

_____ Other

_____ Existing condition(s) to be watched closely _____

Special Remarks / Instructions

Date Examined _____

Signature of Health Supervisor