



Camper Health History

Camper Name: _____ Gender: M / F Date of Birth: ____ / ____ / ____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Parent/Guardian Name(s): _____ Home Phone: _____
 Mom's Cell: _____ Dad's Cell: _____

Please know that we value your privacy. Health History information is available only to the Health Officer and approved staff as needed. Thank you!

Does the camper have a history of or is prone to any of the following (Please check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Recent illness or infectious disease | <input type="checkbox"/> Chronic or recurring illness | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> History of Bed wetting | <input type="checkbox"/> Sleepwalks |
| <input type="checkbox"/> Nightmares / Night Terrors | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizure Disorder or Convulsions | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Dizziness during or after exercise | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chest pain during or after exercise | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Mononucleosis (in last 12 months) | <input type="checkbox"/> Psychiatric Treatment | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Diarrhea or Constipation | <input type="checkbox"/> German Measles | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Frequent Stomachaches | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Wears glasses or contacts | <input type="checkbox"/> Joint problems | <input type="checkbox"/> Fractures |
| <input type="checkbox"/> Been Hospitalized | <input type="checkbox"/> Wears a Medic Alert ID | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Physical Restriction |

● If so, please explain any checked above:

● Does your child have any physical restrictions which will prevent them from participating in camp activities?

ALLERGIES (check all that apply):

_____ Camper does not have any allergies

Camper is allergic to: _____ Foods _____ Insect Stings _____ Medications _____ Environmental _____ Latex
 _____ Plants Other _____

ALLERGIES CONTINUED:

List allergy. Describe reaction and treatment

ALLERGY:	REACTION:	TREATMENT:

● Peniel cannot provide a pure vegan, nut or gluten free kitchen, but these meals can be prepared and served. Are there any special dietary needs? _____

● Is the camper under a doctor’s supervision for recent operation, illness or injury? yes / no

● Will any medications or treatments be required during attendance at camp? yes / no

IF YES, YOU MUST HAVE A DOCTOR-SIGNED **MEDICATION ORDER FORM** sent in before camp

● In order for ANY over the counter medication (including ibuprofen, acetaminophen) to be given to the camper we **MUST HAVE A DOCTOR-SIGNED MEDICATION ORDER FORM**

● Does the camper have health insurance? yes / no

IF yes, we **MUST** have a **COPY** of your **INSURANCE CARD**

● **IMMUNIZATION record** must be sent with this form to camp prior to or upon registration.

Authorization: This health history is correct to the best of my knowledge and the camper has permission to engage in all camp activities except as noted above. I hereby give permission to camp staff:

- To provide ongoing health care,
- To select medical personnel to order x-rays or routine tests or treatment for this camper/staff, and
- If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper. This form may be photocopied for use out of camp,
 - To share information on this page with PBC staff on a need-to-know basis.

In addition, I understand that if sickness and illness occurs while at camp, the parent/guardian is responsible for all medical expenses incurred under the authorization of the camp medical staff and/or director. And, if injury or accident occur while at camp, claims should be submitted to the camper’s personal insurance provider. Claims exceeding your policy may be sent to PBC insurance center for consideration.

Parent/ Guardian Signature: _____ Date: _____

Relationship: _____