Camp Nazareth

Week(s) Attending:	

Health History Form

Information on this form is not part of the camper acceptance process but is gathered to assist us in identifying appropriate care.

*A COPY OF YOUR CHILD'S UP TO DATE IMMUNIZATION RECORD MUST BE ATTACHED! *

* A Medication Authorization form must be filled out by your physician and attached for any medications needed during your child's stay at Camp Nazareth*

Campar Name		Right Data	ndor Ago
Camper NameLast	First MI	Birth Date/ Ge	nder Age
Parent or Guardian (Last Name, First Name)	Home Address	Home Phone #	Cell Phone #
Parent/Guardian not available in an e	emergency, notify:		
	Important – This box Must be	Completed for Attendance	
athorization for Treatment: I hereby by records necessary for insurance p e reached in an emergency, I hereby ospitalization, for the person named	give permission to the medical personi urposes; and to provide or arrange ne give permission to the Provider selec above. This completed form may be ph		form routine tests and to rel or my child. In the event I ca administer treatment, inclu
		Date	
*If for religious reasons you ca	annot sign this, then the camp should be	contacted for a legal waiver, which must	be signed for attendance.
perations or serious injuries (list dates):		
me of Dentist/Orthodontist:		Phone ()	
ame of Family Physician:		Phone ()_	
you carry family medical/hospital ins	urance? Yes No If yes,	, indicate	
ırrier:			
dian an Casus #1	144		
ilicy or Group #:	Address:		
ggestions on health or behavioral rela	ted information for camp personnel:		
P, Health Care Plans etc that we should	d be aware of? (Please list and attach pla	nn if yes) YES NO	

Health Histor	ry (Check All that apply)
□ADHD	☐ Joint disease
☐ Asthma	☐ Learning disorders (dyslexia, etc.)
☐ Autism Spectrum Disorders	• specify
\square History of bed wetting	☐ Migraines
☐ Blood disorders (anemia, clotting disorders, sickle cell, etc.) • specify	☐ Psychological disorders (anxiety/depression, eating disorder
☐ Frequent ear infections	. ,
□ Diabetes	☐ Seizure disorder
☐ Gastrointestinal disorders (Crohn's, Ulcerative Colitis, IBS, etc. • specify	
☐ Heart conditions	☐ Other not listed above
☐ Infectious disease (Measles, German measles, mumps, chick	en • specify
pox, hepatitis, tuberculosis) • If yes, please list date	Comments on any checked if applicable
	Allergies
List any medication allergies and reaction	
	:
List other allergies	
List any food sensitivities, or note if your camper does not eat certain fo	pod(s)
For Female: Has this person menstruated? If not, has she bee	en told about it?
If so, is her menstrual history normal? Special Consideration	
Section 1394 of the public health law: Each children's overnigh children attending such camp to carry and use insect repellen record of such permission shall be maintained by the camp. A	nt camp, summer day camp and traveling summer day camp shall allow it with the written permission of a parent or guardian of any child. A child who is unable to physically apply insect repellent may be assisted if permitted by a parent or guardian and authorized by the camp.
List all current medications (prescription, over the	
IMPORTANT: if you are bringing any medications to by a medical provider or the nursing staff will not be a provider order is against a nurse's scope of practic brought in its original labeled pharmacy container of	co camp, there MUST be a medication authorization form SIGNED eable to administer the medication (Giving a medication withous ce and can result in serious consequences). Medications must be
Drug Name	Dose, Frequency, Time, Special Considerations
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