Lancaster Presbyterian Church

Office Use Only

Name_____

Cabin #_____ Outpost Lodge

Counselor/Leader_____

Dates of Camp: Sunday, June 25 – Saturday, July 1, 2017

Information Form

Lancaster Presbyterian Church Summer Youth Camp
at Duffield Camp and Retreat Center, Inc.

This will assist the Camp Medical Staff give appropriate care, so any changes should be provided to the Camp Nurse upon arrival.

Name of Camper: Last_____First_____

Home Address:_____
Street City State Zip

Home Phone# _____Sex____ Date of Birth: ___/___/____ Grade Completed_____

Parents/Guardians:_____
Custodial Parent Names

Parents' Phone# Mom:_____Dad:_____

Emergency Contact Information: (If unable to reach a parent, someone who is available all the time)

1st contact name_____Phone:_____Relationship_____

2nd contact name_____Phone:_____Relationship_____

Health Insurance Company:_____

Name of Insured:_____Relationship to participant:_____

ID #:_____Group No:_____

A photocopy of the insurance card is required with this form.

Camper's Physician:_____ Phone_____

Physicians Address: _____
Street City State Zip

Campers Dentist/Orthodontist_____Phone_____

Parent/Guardian Authorizations: This health history is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted on this form. I hereby give permission to the medical personnel selected by the Camp Director to secure proper treatment and transportation, for my child named above if deemed necessary. I also give permission to share their medical information for this purpose.

_____ _____
Signature of parent or guardian **Date**

_____
Print parent/guardian name

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Health History Form

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Name of Camper:_____

Has camper traveled outside the country in the past 9 months? _____ Where? _____

General Questions: **(Please explain questions answered as yes**.)

1. Had recent injury, illness or infectious disease?	☐ Yes	☐ No
2. Have a chronic or recurring illness/condition?	☐ Yes	☐ No
3. Ever been hospitalized or had surgery?	☐ Yes	☐ No
4. Have frequent headaches?	☐ Yes	☐ No
5. Ever had a head injury or been knocked unconscious?	☐ Yes	☐ No
6. Wear glasses or contacts	☐ Yes	☐ No
7. Ever had frequent ear infections?	☐ Yes	☐ No
8. Ever pass out or been dizzy during or after exercise?	☐ Yes	☐ No
9. Ever had seizures or convulsions?	☐ Yes	☐ No
10. Ever had chest pains during or after exercise?	☐ Yes	☐ No
11. Ever had high blood pressure?	☐ Yes	☐ No
12. Ever been diagnosed with a heart murmur or heart condition?	☐ Yes	☐ No
13. Ever had back problems?	☐ Yes	☐ No
14. Ever had joint problems?	☐ Yes	☐ No
15. Bringing an orthopedic device to camp?	☐ Yes	☐ No
16. Have any skin problems?	☐ Yes	☐ No
17. Have diabetes?	☐ Yes	☐ No
18. Have asthma?	☐ Yes	☐ No
19. Had mononucleosis in past 12 months?	☐ Yes	☐ No
20. Had problems with diarrhea/constipation?	☐ Yes	☐ No
21. Problems with sleepwalking or bed wetting?	☐ Yes	☐ No
22. If female – abnormal menstrual history?	☐ Yes	☐ No
23. Ever had a emotional problems for which professional help sought?	☐ Yes	☐ No
24. Ever had an eating disorder?	☐ Yes	☐ No
25. Bee sting reactions?	☐ Yes	☐ No
26. Hay fever or other allergies?	☐ Yes	☐ No

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_____ _____

Signature of parent or guardian or adult camper/staff **Date**

_____

Print parent/guardian name