Lancaster Presbyterian Church

Name_____

Office Use Only

☐ Elementary Cabin #_____
☐ Intermediate Tent #_____
☐ Junior High Lodge or Cabin #_____

Dates of Camp: Thursday, June 27 – Wednesday, July 3, 2019

Information & Health History

Summer Youth Camp 2019

Name of Camper: _____

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

Camper Information:

Last Name _____ First Name _____

Gender: _____ Date of Birth: ____/____/____ Grade Completed in 2019 _____

Home Address:_____

Street City State Zip

Parent Information:

Parents/Guardians (Custodial):_____

Phone Number (Mother)_____ (Father) _____

Email (Mother): _____ (Father) _____

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

1st Contact Name_____ Phone _____ Relationship_____

2nd Contact Name_____ Phone _____ Relationship_____

Health Insurance Information:

Health Insurance Company:_____

Name of Insured:_____

ID #:_____Group No:_____

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

Camper's Physician: _____ Phone_____

Camper's Dentist: _____ Phone _____

Camper's 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

Lancaster Presbyterian Church

Name_____

Office Use Only

- ☐ Elementary
- ☐ Intermediate
- ☐ Junior High

Cabin #_____
Tent #_____
Lodge or Cabin #_____

Dates of Camp: Thursday, June 27 – Wednesday, July 3, 2019

Information & Health History

Summer Youth Camp 2019

Name of Camper: _____

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

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

☐ Yes If Yes, where to? _____

☐ No

General Questions: (For questions answered as "yes", please explain on the right or attach another page.)

1. Had recent injury, illness or infectious disease?	☐ Yes	☐ No
2. Have a chronic or recurring illness/condition?	☐ Yes	☐ No
3. Have frequent headaches?	☐ Yes	☐ No
4. Ever had a head injury or been knocked unconscious?	☐ Yes	☐ No
5. Wear glasses or contacts	☐ Yes	☐ No
6. Ever pass out or been dizzy during or after exercise?	☐ Yes	☐ No
7. Ever had seizures or convulsions?	☐ Yes	☐ No
8. Ever had chest pains during or after exercise?	☐ Yes	☐ No
9. Ever been diagnosed with a heart murmur or heart condition?	☐ Yes	☐ No
10. Have any physical limitations?	☐ Yes	☐ No
11. Have any skin problems?	☐ Yes	☐ No
12. Have diabetes?	☐ Yes	☐ No
13. Have asthma?	☐ Yes	☐ No
14. Had mononucleosis in past 12 months?	☐ Yes	☐ No
15. Had problems with diarrhea?	☐ Yes	☐ No
16. Had problems with constipation?	☐ Yes	☐ No
17. Problems with sleepwalking?	☐ Yes	☐ No
18. Problems with bed wetting?	☐ Yes	☐ No
19. If female – abnormal menstrual history?	☐ Yes	☐ No
20. Ever had emotional problems for which professional help sought?	☐ Yes	☐ No
21. Ever had an eating disorder?	☐ Yes	☐ No
22. Bee sting reactions?	☐ Yes	☐ No
23. Seasonal allergies?	☐ Yes	☐ No
24. Food intolerance?	☐ Yes	☐ No
25. ADD/ADHA or learning disability?	☐ Yes	☐ No

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