

Camp Sertoma Health Form

Health Form must be turned in by May 31, 2018

Camper Name: _____
Age: _____ Birthdate: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Emergency Contacts

Parent/Guardian: _____
Home Phone: _____
Home address: _____
City/State/Zip: _____
Mother's Cell: _____ Work: _____
Father's Cell: _____ Work: _____
Preferred Contact: <input type="checkbox"/> Text <input type="checkbox"/> Voice

If parents/guardian is not available in an emergency, notify:
Name: _____ Relationship: _____
Home #: _____ Cell #: _____
Preferred contact: <input type="checkbox"/> Text <input type="checkbox"/> Voice
Name: _____ Relationship: _____
Home #: _____ Cell #: _____
Preferred contact: <input type="checkbox"/> Text <input type="checkbox"/> Voice

Allergies: <input type="checkbox"/> No known allergies <input type="checkbox"/> He/She is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medicine <input type="checkbox"/> Environment (insects, hay fever, etc)
<input type="checkbox"/> Other (Please describe what the camper is allergic to and the reaction seen)

General Health History
Has/does the camper:
1. Had any recent injury, illness, or infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have recurring/chronic illness? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have frequent headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Ever had a head injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Ever been knocked unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Wear hearing aids and/or cochlear implant? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Ever had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Ever passed out or experienced chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No
(questions continued next page)

13. Ever been diagnosed with a heart murmur? Yes No
14. Ever had back/joint problems? Yes No
15. Have any skin problems? (itching, rash, acne? Yes No
16. If female, has she started menstruation? Yes No
17. Have asthma? Yes No
18. Has problems with diarrhea/constipation? Yes No
19. Have problems falling asleep/sleepwalking? Yes No
20. Have any special physical needs? Yes No
21. Traveled outside the U.S. the past 12 months? Yes No
22. Have a history of bed wetting? Yes No
23. Had mono the past 12 months? Yes No
24. Have diabetes? Yes No

Please explain any "yes" answers, noting the number of the questions:

Mental, Emotional, and Social Health

- This camper has been diagnosed with Attention Deficit Disorder (ADD or ADHD) Yes No
- Ever had emotional difficulties for which professional help was sought? Yes No
- Camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety, eating disorder? Yes No
- Have any special behavioral needs? If Yes, please attach written information for behavior management. Yes No
- Has had a significant life event that continues to affect the campers life (death of a loved one, family change, survived disaster, etc) If Yes, please attach written information about event. Yes No

Please explain any "yes" answers, noting the number of the questions:

Any additional information about the camper's health or behavior that will be helpful for the camper to have a successful camp experience?

Medical Insurance:

Insurance Company: _____ Policy Number: _____

Policy Subscriber: _____ Insurance Company Phone Number: _____

Parent/guardians are financially responsible for health care given by an out-of-camp provider for medications, illness treatment, pre-existing conditions, etc.

***Photocopy of front and back of Health card must be attached to this form!**

Health Care Providers

Name of camper's primary doctor(s): _____ Phone: _____

_____ Phone: _____

Medications being taken

"Medications" is any substance a person takes to maintain and/or improve his or her health and includes vitamins. Please list all medications taken routinely. Bring **ONLY** enough medication to last the entire time at camp. Keep it in the **ORIGINAL** packaging/bottle that identifies the prescribing physician.

- Camper will NOT be taking medicine while at camp. Camper will take the following medication while at camp (next page)

Name of medication and dosage	Reason for taking medication	When to be given	Date Started

Attach additional pages for more medication to be given than above.

Over the Counter Medications

The following generic medications will be stocked in our Nurses's office and are used to manage illness and injuries that may occur while your child is at Camp Sertoma. All OTC medications will be given according to the manufacturer's recommendations. Please cross out medications that should **NOT** be given.

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Antibiotic Ointment or Cream	Calamine Lotion (Poison Ivy Lotion)
Benadryl (lotion)	Cough Drops	Aloe	Tums

This health history is correct and complete. I give Camp Sertoma permission to provide routine health care, administer proper medications, and seek emergency treatment including ordering x-rays or routine tests. I agree to release any of the records necessary for treatment, referral, billing, or insurance purposes. I give permission to Camp Sertoma to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by Camp Sertoma to secure and administer treatment, including hospitalization for the person named above. I acknowledge and assume financial responsibility for medical expenses and agree to hold Camp Sertoma, its employees, and agents against any and all claims, damages, and injuries.

Parent/Guardian Signature: _____ Date: _____

Camp Sertoma Behavior Contract

Camper contract:

I, _____, promise that I will do my best to keep Camp Sertoma a fun, safe, and caring place for everyone. This means I will:

1. Treat everyone with kindness and respect.
2. Use appropriate language at camp.
3. Resolve disagreements with other campers peacefully.
4. Never tease, hurt, name call, or bully another camper.
5. Refuse to join in if I see someone else being bullied
6. Not to exclude others from joining activities.
7. Ask for help from an adult if I am bullied or see someone else being bullied.

Parents:

Our Camp Sertoma staff will be trained on how to work with their campers throughout the week. They will be available to campers to help solve any problems campers may have with other campers. Please discuss with your child(ren) about not being afraid to approach their cabin counselor or Camp Directors at any time! We are here to make sure that your child(ren) are having a good time at camp and are safe.

Serious problems at Camp Sertoma are rare! If a problem occurs, the camp staff and camp directors will work together to help the camper resolve their problems. Occasionally, there are cases in which the camper is unresponsive to the techniques we use to address behavioral concerns. A camper who continues to struggle, after numerous attempts to address concerns, can end up having a negative impact on other campers' experience at Camp Sertoma. If this is the case, then parents will be contacted and asked to pick up their child immediately from camp. Parents, please discuss with your child(ren) about the consequences of negative behaviors at camp.

Parent signature: _____ Date: _____

Camper signature: _____ Date: _____

Cell phone policy:

We encourage campers to leave their phones and other electronics at home. Camp Sertoma is not responsible for the loss or damage to any electronics brought to camp. We also want our campers to enjoy the experience of camp without technology interrupting their time at camp. If a cell phone is brought to camp, campers will be asked to leave the phones in their cabins during the day and give their phones to their counselors at night. If a camper needs to contact their parents, they will be allowed to do so. Camp staff can also help with contacting parents as needed throughout the week of camp.

We understand the cell phone policy above and agree to its terms.

Parent signature: _____ Date: _____

Camper signature: _____ Date: _____

Please send this Camper Health form and payment to:

Beth Beadle, Camp Director

1601 W. Brittany Street

Olathe, Kansas 66061

