

Bliss Summit Bible Camp Health Form

- Page 1 to be completed by parent
- Page 2 to be **completed and signed** by Licensed Medical Personnel
- Exception: Immunization History may be completed by Parent or Physician's Office.

Camper Name: _____ Age _____ Sex _____ Birth M/D/Y _____ Years at Camp _____

Parent or Guardian: _____ Home Phone (_____) _____

Home Address _____
Street Number City State Zip code

Alternate Emergency Contact: _____ Relationship _____ Phone (____) _____

ALLERGIES:
 _____ Asthma
 _____ Hay Fever
 _____ Poison Ivy
 _____ Insect Stings
 _____ Severe (stops breathing)
 _____ Mild (swollen/rash)
 _____ Foods _____
 _____ Drugs _____
 _____ Other (notes) _____

HEALTH HISTORY
 (Giving approximate dates)
 _____ Frequent ear infections
 _____ Heart Defect/Disease
 _____ Convulsions
 _____ Diabetes
 _____ Bleeding/Clotting Disorders
 _____ Hypertension
 _____ Psychiatric Treatment
 _____ Mononucleosis
 _____ Chicken Pox
 _____ Measles
 _____ German Measles
 _____ Mumps
 _____ Other _____

IMMUNIZATION HISTORY

This record must be completed as a requirement of the New York State Department of Health for admission to camp. Please record the date (month and year) of basic immunizations and most recent booster doses. Required immunizations must be determined locally. We require all the same information as your local school district.

<u>Vaccine</u>	<u>Dates Given</u>	<u>Vaccine</u>	<u>Dates Given</u>
(circle one) DPT – DtaP – DT	_____	MMR	_____
DPT – DtaP – DT	_____	MMR	_____
DPT – DtaP – DT	_____	Hepatitis B	_____
DPT – DtaP – DT	_____	Hepatitis B	_____
DPT – DtaP – DT	_____	Hepatitis B	_____
Polio	_____	Hib b	_____
Polio	_____	Varicella (Chicken Pox)	_____
Polio	_____	Tuberculin Test	_____
Polio	_____	Results – (circle one) neg. pos	_____
Polio	_____	Other	_____

Does this camper have a disability or chronic recurring illness? _____

Are there any dietary modifications? _____

Name of Family Physician and/or Health Clinic _____ Phone (_____) _____

Do you carry family medical/hospital insurance? If so, indicate carrier _____ Policy/Group No. _____

Please attach a photocopy of both sides of your insurance card.

Important- Must be completed for attendance

To my knowledge, this health history is correct and complete. The person herein described has permission to engage in all camp activities, including wilderness swimming, except as noted. I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I also give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person names above.

_____ Date _____
Parent Signature

I understand and agree to abide by the restrictions placed on my camp activities as noted on this health form.

_____ Date _____
Camper Signature

The following section must be signed and completed by Licensed Medical Personnel

Individualized orders for: Name: _____ DOB _____ Height _____ Weight _____

Standard Over the Counter/PRN Medications (The following medications are available in the infirmary and will be administered at the discretion of medical staff, only if the camper's healthcare provider indicates approval.)

Medication	Administer order	Route	Dose/Time
Tylenol	Yes No	PO	
Advil	Yes No	PO	
Midol	Yes No	PO	
Tums	Yes No	PO	
Pepto Bismol	Yes No	PO	
Kaopectate	Yes No	PO	
Sudafed	Yes No	PO	
Benadryl	Yes No	PO	

HCP Name _____ Phone No. (____) _____ License No. _____ Signature _____ Date _____ Physician's notes regarding this camper: _____ _____ _____
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Prescription Medications (Please complete with camper's current regimen of scheduled medications, including inhalers. Use 2nd page if needed.) All medications sent to camp must be in their original containers. No pill boxes or unlabeled containers will be accepted.

Medication	Route	Dose	Time(s)	Diagnosis

All medications sent to camp must be in their original containers. Medications in pillboxes or other containers will not be accepted.

For Inhalers:

Has camper been trained in proper use of the inhaler? Yes No

Parental consent for child to keep inhaler Yes No

Signature of parent/guardian

Bliss Summit Bible Camp is not responsible for inhalers lost while in camper's possession.

Thank you.