CROSSWAYS
CAMPING MINISTRIES

YOUTH RETREAT CAMPER/RENTAL GROUP ATTENDEE HEALTH HISTORY FORM

Bring this original, completed signed form with you to camp.
***Red Asterisks* notate mandatory information.**

*** Name:** _____
First Middle Last

Church Name/City (if affiliated): _____

Dates will attend camp: from _____ **to** _____
(Month/Day/Year) (Month/Day/Year)

*** Birthdate:** _____ ***Age**_____ ❒ **Male** ❒ **Female**
(Month/Day/Year)

Camper Home Address: _____
Street Address City State Zip Code

*Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ **Relationship to camper:** _____
Preferred Phones: (_____) _____ (_____) _____
Email: _____
Home Address: _____
(if different from above) Street Address City State Zip Code

*Second parent/guardian or other emergency contact:

Name: _____ **Relationship to camper:** _____
Preferred Phones: (_____) _____ (_____) _____
Email: _____

***Allergies:**
❒ No known allergies.
❒This camper is allergic to: ❒ Food ❒ Medicine ❒ The environment (insect stings, hay fever, etc.)
❒ Other (***Please describe below what the camper is allergic to and the reaction seen.)***

***Diet, Nutrition:**
❒ This camper eats a regular diet. ❒ This camper eats a regular vegetarian diet.
❒ This camper is lactose intolerant. ❒ This camper is gluten intolerant.
❒ Other, ***please explain in space***

Note: We do our best to accommodate food allergies, intolerances, and specialized diets. However, there may be some accommodations we are unable to provide. Please contact the Camp Director to discuss specific dietary needs and concerns.

***Restrictions:**
❒ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
❒ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (***Please describe below.)***

***Medical Insurance Information:**

This camper is covered by family medical/hospital insurance ❒ Yes ❒ No

Include a copy of your insurance card; copy both sides of the card so information is readable.

Insurance Company: _____

Policy Number: _____ Subscriber: _____

Insurance Company Phone Number: (_____) _____

***Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. I acknowledge that all immunizations required for school are up to date.

***Signature of Custodial Parent/Guardian** _____ ***Date**: _____

***Relationship to Camper**: _____

***Immunization History:** Provide the month and year for each immunization. Starred (*) immunizations must include date. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diptheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						

Is your camper up to date for all immunizations required to attend school? Yes / No _____ Initials

If your camper has not been fully immunized, please contact our Administrative Office to get a copy of our Exemption from Immunization Requirements Form to complete and sign.

***Medication:**

❒ This camper will not take any daily medication while attending camp.

❒ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Many states require original pharmacy containers with labels, which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other time:		
			❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other time:		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***
*Acetaminophen (Tylenol) *Ibuprofen (Advil, Motrin) *Phenylephrine decongestant (Sudafed PE) *Aloe *Calamine lotion
*Pseudoephedrine decongestant (Sudafed) *Antihistamine/allergy medicine *Guaifenesin cough syrup (Robitussin)
*Diphenhydramine antihistamine/allergy medicine (Benadryl) *Dextromethorphan cough syrup (Robitussin DM) *Sore throat spray
*Generic cough drops *Lice shampoo or cream (Nix or Elimite) *Antibiotic cream
*Laxatives for constipation (Ex-Lax) *Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

***General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**
Has/does the camper:

1. Ever been hospitalized?..... ❒ Yes ❒ No
2. Ever had surgery?..... ❒ Yes ❒ No
3. Have recurrent/chronic illnesses?…... ❒ Yes ❒ No
4. Had a recent infectious disease?..... ❒ Yes ❒ No
5. Had a recent injury?…... ❒ Yes ❒ No
6. Had asthma/wheezing/shortness of breath?.. ❒ Yes ❒ No
7. Have diabetes?…... ❒ Yes ❒ No
8. Had seizures?…... ❒ Yes ❒ No
9. Had headaches?…... ❒ Yes ❒ No
10. Wear glasses, contacts, or protective eyewear?..... ❒ Yes ❒ No
11. Had fainting or dizziness?…... ❒ Yes ❒ No
12. Passed out/had chest pain during exercise?…... ❒ Yes ❒No
13. Had mononucleosis ("mono") during the past 12 months?…... ❒ Yes ❒ No
14. If female, have problems with periods/menstruation?…... ❒ Yes ❒ No
15. Have problems with falling asleep/sleepwalking?…... ❒ Yes ❒ No
16. Ever had back/joint problem?…... ❒ Yes ❒ No
17. Have a history of bedwetting?…... ❒ Yes ❒ No
18. Have problems with diarrhea/constipation?…... ❒ Yes ❒ No
19. Have any skin problems?…... ❒ Yes ❒ No
20. Traveled outside the country in the past 9 months?…... ❒ Yes ❒ No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health:** ***Check "Yes" or "No" for each statement. Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?.❒ Yes ❒ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... ❒ Yes ❒ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... ❒ Yes ❒ No
4. Had a significant life event that continues to affect the camper's life? ?..... ❒ Yes ❒ No

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)
Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

***Name of Camper's Health-Care Providers:**
Primary doctor(s) or Healthcare facility: _____Phone: (_____) _____
Dentist(s): _____ Phone: (_____) _____
Orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? ***Please provide ion the back of this page*** any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program. ***Attach additional information if needed.***

Opt-in for Photo / Video / Audio Release:
I hereby give Crossways Camping Ministries consent to record, videotape and photograph my image and/or voice to be used for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, websites, social networking sites and other print and digital communications. I further understand that no special compensation will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.

Signature _____ **Date:** _____