

# Redwood Adventure Camp

## HEALTH HISTORY AND ADDITIONAL INFORMATION FORM FOR CHILDREN, YOUTH AND ADULTS ATTENDING CAMP

The following information is made available to Camp administration and selected personnel who need this information to better serve you or your child. If it is for a child, it is very important that the **PARENT/GUARDIAN** fill out this form. Complete a separate form for each individual attending Camp. Please complete all information on **both** sides of this form, sign it, and mail it **AT LEAST TWO WEEKS BEFORE YOUR CAMP SESSION** to: **Redwood Adventure Camp, P.O. Box 9447, Santa Rosa, CA 95405-1447**

Name (Last, First) \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Check if new since last summer) Street & Number City State Zip

Church you Attend: \_\_\_\_\_ School \_\_\_\_\_ Grade in fall \_\_\_\_\_

Email Address \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent/Guardian or Spouse \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Religion \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Second Parent/Guardian/Emergency Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Religion \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Additional emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### The questions in this box pertain to applications for campers under the age of 18:

- Does the camper live with: Mother Father Other: \_\_\_\_\_
- In the event that your child must be released from camp prior to the arranged departure date, please give the following information of the responsible person:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ DL# \_\_\_\_\_
- If pictures of your son/daughter are taken at camp, do you give permission for them to be used in promotional materials? Yes No
- Do you give permission for your child's address to be shared with the other campers in their group? Yes No

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry family medical/hospital insurance? Yes No

If so, indicate: Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

**Medication allergies:** (list) Describe reaction and management of the reaction.

\_\_\_\_\_

**Food allergies:** (list)

\_\_\_\_\_

**Other allergies:** (list) - include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_

**Dietary restrictions** \_\_\_\_\_

**Current medications and reasons for taking them** (Please list ALL medications <including over-the-counter or nonprescription drugs> taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician <if a prescription drug>, the name of the medication, the dosage, and the frequency of administration. Send with clear instructions which include the name of the medication, dosage, specific times when it is taken each day, and the reason for taking it.)

Special Considerations \_\_\_\_\_

What medications do you normally give or take for the following: headache \_\_\_\_\_ fever \_\_\_\_\_

stomach ache \_\_\_\_\_ cough \_\_\_\_\_ sore throat \_\_\_\_\_

Name \_\_\_\_\_  
TO BE FILLED OUT BY STAFF AT CAMP \_\_\_\_\_  
Counselor \_\_\_\_\_  
Campsite \_\_\_\_\_  
Year \_\_\_\_\_

**\*\*Please Note:** An exam and recommendations by a licensed physician are required every three years for the regular program or every year for all programs if the camper has a history of severe asthma, heart defect/disease, seizures, diabetes, has been recently hospitalized, or is currently under a doctor's care.

**GENERAL QUESTIONS** (Explain "yes" answers below.)

- |  |     |    |   |     |    |
|--|-----|----|---|-----|----|
| Has/does the participant:                                      | Yes | No |   | Yes | No |
| 1. Had any recent injury, illness or infectious disease? ..... |     |    | 15. Ever had back problems? .....   |     |    |
| 2. Have a chronic or recurring illness/condition? .....        |     |    | 16. Ever had problems with joints (e.g., knees, ankles)? .....                    |     |    |
| 3. Ever been hospitalized? .....                               |     |    | 17. Have an orthodontic appliance being brought to camp? .....                    |     |    |
| 4. Ever had surgery? .....                                     |     |    | 18. Have any skin problems (e.g., itching, rash, acne)? .....                     |     |    |
| 5. Have frequent headaches? .....                              |     |    | 19. Have diabetes? .....  |     |    |
| 6. Ever had a head injury? .....                               |     |    | 20. Have asthma? .....  |     |    |
| 7. Ever been knocked unconscious? .....                        |     |    | 21. Had mononucleosis in the past 12 months? .....                                |     |    |
| 8. Ever had frequent ear infections? .....                     |     |    | 22. Had problems with diarrhea/constipation? .....                                |     |    |
| 9. Ever passed out during or after exercise? .....             |     |    | 23. Have problems with sleepwalking? .....  |     |    |
| 10. Ever been dizzy during or after exercise? .....            |     |    | 24. If female, have an abnormal menstrual history? .....                          |     |    |
| 11. Ever had seizures? .....                                   |     |    | 25. Have a history of bed-wetting? .....  |     |    |
| 12. Ever had chest pain during or after exercise? .....        |     |    | 26. Ever had an eating disorder? .....  |     |    |
| 13. Ever had high blood pressure? .....                        |     |    | 27. Ever had emotional difficulties for which professional help was sought? ..... |     |    |
| 14. Ever been diagnosed with a heart murmur? .....             |     |    |   |     |    |

Please explain any "yes" answers, noting the number of the questions. \_\_\_\_\_

**Which of the following has the participant had?** Measles Chicken pox German Measles Mumps Hepatitis    A    B    C

**Immunizations are included with the Doctor's Form which is updated every year. Please note any immunizations and/or boosters your child has received since the last update of that form.** \_\_\_\_\_

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

- |   |     |    |
|---|-----|----|
| 1. Has the camper ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ..... | Yes | No |
| 2. Has the camper ever been treated for emotional or behavioral difficulties or an eating disorder? .....                           | Yes | No |
| 3. During the past 12 months, has the camper seen a professional to address mental/emotional health concerns? .....                 | Yes | No |
| 4. Has the camper 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 noting the number of the questions.** The camp may contact you for additional information. \_\_\_\_\_

Does participant wear: Glasses? Yes No Any related problems? \_\_\_\_\_  
 Contacts? Yes No \_\_\_\_\_  
 Hearing Aid? Yes No \_\_\_\_\_

**For Female Child:** Has this person menstruated? Yes No If not, has she been told about it? Yes No  
 If yes, is her menstrual history normal? Yes No

**Important - The Following Must be Completed for Attendance/Participation\***

As an Adult or Parent/Guardian, I have voluntarily applied, for myself or on behalf of my child, to participate in Redwood Adventure Camp. I understand that there are risks in my or my child's/ward's presence, transportation, and participation in this program. I hereby agree for myself or on behalf of my child to assume any and all risk bodily injury, death, or property damage, arising out of, or caused by my or my child's/ward's presence and participation in Redwood Adventure Camp's activities.

I have carefully read this agreement and am aware that this is a release of liability and a contract between myself or myself on behalf of my child, and Redwood Adventure Camp and I sign it of my own free will. I understand that this release of liability binds my and/or my child's/ward's heirs and survivors as well as myself.

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.

**Behavior Expectations:** I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree, or agree to direct my child, to cooperate and conform with the directions of the supervising personnel.

Signature of parent/guardian or adult camper/staffer \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my participation in camp activities. \_\_\_\_\_  
 Signature of minor or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_

*\*If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.*

**Screening Record (For camp use only)** Screened by \_\_\_\_\_ Date Screened \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
 Updates/additions to health history noted Yes No None required Meds received \_\_\_\_\_  
 Current health needs identified \_\_\_\_\_  
 Observational notes \_\_\_\_\_