

# 2018 Lakeshore Center at Okoboji HEALTH INFORMATION FORM

This form and a copy of your camper's immunization record are REQUIRED for camp attendance.

Camper Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Contact information

### Parent or Guardian 1:

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

### Parent or Guardian 2 (if applicable)

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

### Emergency Contact (in the event a parent or guardian cannot be reached)

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Insurance information

Person responsible for Insurance Coverage: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Physician information

Personal Physician Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of last physical exam: (Month, Year) \_\_\_\_\_

## Camper's Health Information

Height: \_\_\_ Feet \_\_\_ Inches

Weight: \_\_\_\_\_ Pounds

### General Health Condition (check one):

\_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Allergies: \_\_\_ None \_\_\_ Peanuts \_\_\_ Milk \_\_\_ Eggs \_\_\_ Tree Nuts \_\_\_ Wheat \_\_\_ Seasonal \_\_\_ Penicillin \_\_\_ Sulfa drugs  
\_\_\_ Other (please list): \_\_\_\_\_

Dietary restrictions: \_\_\_ None \_\_\_ Peanuts \_\_\_ Milk \_\_\_ Eggs \_\_\_ Tree Nuts \_\_\_ Wheat \_\_\_ Vegetarian \_\_\_ Vegan  
\_\_\_ Gluten-free \_\_\_ Other (please list): \_\_\_\_\_

Does your camper have any **restrictions on camp activities?** (strenuous activity, heavy lifting, etc) \_\_\_ No \_\_\_ Yes (please list): \_\_\_\_\_

Immunizations required for school are up to date. \_\_\_ Yes \_\_\_ No **Copy of current immunization record is REQUIRED**

Date of last Tetanus shot: (Month, Year) \_\_\_\_\_

Recent illness, injuries, or surgeries (what, when): \_\_\_\_\_

Recent exposure to contagious or infectious disease (what, when): \_\_\_\_\_

### History of or presently under the care for (Check all that are appropriate):

\_\_\_ Asthma \_\_\_ Arthritis \_\_\_ Bronchitis \_\_\_ Heart Condition \_\_\_ Skin disease  
\_\_\_ Digestive Disorder \_\_\_ Tonsillitis \_\_\_ Epilepsy/Seizures \_\_\_ Diabetes \_\_\_ Eating Disorder  
\_\_\_ ADD/ADHD \_\_\_ Anxiety \_\_\_ Depression \_\_\_ Bipolar \_\_\_ Other (please list below): \_\_\_\_\_

### Current Medications (Please list all medications taken regularly, if you require more space, include on a separate sheet):

Medication Name	Dosage	Purpose	Schedule	Taking at Camp?
_____	_____	_____	_____	___ Yes ___ No
_____	_____	_____	_____	___ Yes ___ No
_____	_____	_____	_____	___ Yes ___ No

**Any medication taken to camp MUST BE BROUGHT IN ORIGINAL CONTAINERS and turned in to camp staff at check-in.**

Are there any medications your camper should **NOT** be given? (Aspirin, throat lozenge, laxative, antacid, etc...)

If Female, has menstruation begun? \_\_\_ Yes \_\_\_ No If no, has she been told about it? \_\_\_ Yes \_\_\_ No  
(More on next page →)

Camper is subject to:

- |   |                                       |   |   |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Homesickness   | <input type="checkbox"/> Headaches    | <input type="checkbox"/> Cramps             | <input type="checkbox"/> Sleepwalking               |
| <input type="checkbox"/> Cold/Pneumonia | <input type="checkbox"/> Ear Aches    | <input type="checkbox"/> Bedwetting         | <input type="checkbox"/> Stomach Aches              |
| <input type="checkbox"/> Nosebleeds     | <input type="checkbox"/> Swimmers Ear | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Picky Eating               |
| <input type="checkbox"/> Growing Pains  | <input type="checkbox"/> Tantrums     | <input type="checkbox"/> Dehydration        | <input type="checkbox"/> Other (Please List Below): |

Please list any current physical, mental, or psychological conditions which may require special considerations while at camp.

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Are there any significant traumatic events in the camper's life in the past year? (divorce, death in family, emergency, etc.)

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Please let us know anything else about your camper that would help us to make his/her camp experience the best possible:

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In signing this document, I, \_\_\_\_\_ (print your full name), hereby certify that all the information contained is correct and give permission for the use of photographs including my child to be used in camp publicity.

My Camper, \_\_\_\_\_ (Camper's full name), has my/our permission to participate in camp. I/we understand that all camp activities will be closely supervised and that medical and/or hospital care will be given if serious illness or injury occurs. I hereby give permission to the medical personnel selected by the camp to provide routine health care; to administer medications, First Aid, and acetaminophen; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

\* \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent/Guardian)

**PLEASE RETURN THIS COMPLETED FORM TO THE LAKESHORE OFFICE BY JUNE 1, 2018**

1864 Hwy. 86, Milford, IA 51351

