

MECHUWANA DAY CAMP
Camper Health History Form

*Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School
Health, & Association of Camp Nurses*



Mail this form as soon as possible to:

Camp Mechuwana

PO Box 277

Winthrop ME 04364

Call with questions: (207) 377-2924

Email: mechuwana@fairpoint.net

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

Camper Name (first, middle, & last): _____

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed. We must have this information at least one week prior to camp. (If your child is coming to multiple weeks you only need to fill out this form once, but if there are updates, please let us know.)

Camper Mailing Address: _____
Street Address or PO Box 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: _____

Additional emergency contact
Name: _____ Relationship to Camper: _____ Preferred Phones: (____) _____ (____) _____

Who may pick up your child: Please print full names

- 1 _____ Relationship _____ Phone _____
- 2. _____ Relationship _____ Phone _____
- 3. _____ Relationship _____ Phone _____

Campers will not be allowed to leave property with anyone who is not listed above without direct permission given by parent/guardian.

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)

Medical Insurance Information:

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

Include a copy of your insurance card if appropriate; 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.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

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Camper Name: _____

First Middle Last

Birth Date: _____
Month/Day/Year

Please attach to this form a copy of your most recent immunization records

- Medication:**
- This camper will not take any daily medications 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. **Please review camp instructions about required packaging/containers. 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
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> 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. (IF ANY MEDICATIONS ARE GIVEN CAMP WILL DOCUMENT IT)***

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Normal Eye drops
Mylanta	DIMETAPP	TUMS
Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)	IMMODIUM
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)	CLORTRIMAZONE
Sore throat spray	Generic cough drops	
Lice shampoo or cream (Nix or Elimite)	Antibiotic cream	
Calamine lotion	Aloe	
Laxatives for constipation (Ex-Lax)	Swimwear or aljridrj drops	

- 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.)

Photography: Camp Mechuwana takes group photos for each camper to have at the end of the week, we might take a few more to use in promotional brochures, Please let us no if you do not want your child in the camp photographs - No photo's please (please circle)

What have we forgotten? Please provide any additional information about the campers physical or mental health that you think is important for us to know so your child can have the best experience possible.