# Camp Menesetung 2019 Camper Health Form

Camper's Full Name: _____

## General Information:

Height (feet&inches) _____
Weight (Lbs) _____

## Allergies:

Has allergic reactions ☐No (continue to medications)
☐Yes
☐Food
☐Drug
☐Environment/Other
☐Epipen

Please Explain exact cause, and reaction:

_____

Dietary Restrictions for health reasons:

_____

Dietary Preference:
☐None ☐Vegetarian
☐Vegan ☐Pescetarian

## Medications

Will this camper be taking medications while at camp? ☐Yes ☐No(continue to◆)

| Medication | dose | Times Taken | Notes |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

◆ Over the Counter Medications camp has permission to give in the case this camper is not feeling well: place a ✓beside Allowed
NO = NOT ALLOWED

| | | | |
|---|---|---|---|
| Acetaminophen (Tylenol) | | Ibuprofen (Advil) | |
| Antacids | | Insect Repellent | |
| Antihistamines (Benadryl/diphenhydramine) | | Pepto-Bismol | |
| ASA (Asprin) | | Sunburn lotion (Solarcaine) | |
| Calamine Lotion | | Sunscreen | |
| Decongestant (pseudoephedrine/phenylephrine) | | | |

## Immunizations

Please provide date for each, or why the camper was not immunized:

| Vaccination | Date or reason not |
|---|---|
| Chicken Pox (varicella) | |
| Diptheria/Pertussis/Tetnus/Pollio | |
| MMR | |
| Meningococcal Meningitis | |

## Health History

Please check if your camper has/had any of the following:
Please check if the camper has/had any of the following:

| | | |
|---|---|---|
| □ADD/ADHD | □Appendicitis | □Asthma |
| □ Bedwetting | □Behaviours | □Blackouts/fainting |
| □ Chest Pain | □ Concussion | □ Constipation/ Diarrhea |
| □ Developmental Delays | □ Diabetes | □ Downs Syndrome |
| □ Ear Infections | □ Eating Disorder | □ Epilepsy |
| □ Hay Fever | □ Headaches | □ Heart Problems |
| □ High blood pressure | □ Menstrual difficulties | □ Mental Health Difficulties |
| □ Mouth Injuries | □Neck/back injury | □ Pneumonia |
| □ Respiratory Ailments | □ Seizures | □ Sinus Infection |
| □ Speech Impairments/ Problems | □ Other | |
| Please explain any information about special conditions: | | |

Disease History:
_____

Operations:
_____

Injuries:
_____

Communicable Diseases:
_____

Activity Restrictions:
_____

Special Assistance:
_____