JUMONVILLE SUMMER CAMP HEALTH FORM

Please mail this form to Jumonville 2 weeks before your camp event date.
887 Jumonville Rd., Hopwood, PA 15445

CAMPER NAME _____
EVENT # _____

Camper name: _____
Address_____
City _____ State _____Zip _____
Gender: ___ Birth date_____ Age at camp ___
Parent/guardian _____
Phone #1 _____
Phone #2 _____

Family Physician: _____
__
Phone _____

Insurance Information
Is the participant covered by family medical/hospital insurance? _____
Carrier or plan name _____
Group # _____

Emergency contact: _____
Relationship: _____
Address_____
City _____ State _____Zip _____
Phone _____

Emergency contact: _____
Relationship: _____
Address_____
City _____ State _____Zip _____
Phone _____

Emergency contact: _____
Relationship: _____
Address_____
City _____ State _____Zip _____
Phone _____

HEALTH HISTORY

MEDICATIONS BEING TAKEN

List ALL medication (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp.
Keep ALL medications, both prescription and non-prescription drugs, in their original packaging/containers.

This person ___ takes ___ does not take - medication on a routine basis.

Med	Route	DOSAGE MG/ML	DOSAGE Pills/Tsp, etc...	Time Taken	Reason for taking
	oral/topical/injection				
	oral/topical/injection				
	oral/topical/injection				
	oral/topical/injection				
	oral/topical/injection				
	oral/topical/injection				

Please attach additional pages if more medications are taken.

List any medications taken during the past six months **not currently being taken**.

_____

List medication allergies:

_____

ALLERGIES (non-food or non-med):

Describe reaction and management of the reaction:

__ Hayfever _____
__ animal dander _____
__ insect stings _____
__ poison ivy _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

FOOD ALLERGIES & DIETARY RESTRICTIONS

List all known food allergies. Describe reaction and treatment. My child cannot eat:

__ meat _____ __ peanuts _____
__ eggs _____ __ tree nuts _____
__ gluten _____ __ milk/dairy _____
__ soy _____ __ seafood _____
__ Other _____

We will do our best to accommodate medical restrictions but cannot make special diets due to preferences. Feel free to call if you have concerns or a 504 Plan. Thank you for understanding.

Are all immunizations up to date __Yes __ No
Has camper been exposed to any contagious diseases in the last 4 weeks __ Yes __ No
If yes, to what?_____

History of any of the following:

__ Asthma/breathing problem __ Ear infections
__ Recent exposure to head lice __ Headaches
__ Seizures __ History of homesickness
__ Other _____

Please note any other helpful medical history

_____
_____
_____
_____
_____

PHYSICAL/ACTIVITY RESTRICTIONS
Explain physical restrictions due to (hospitalizations, accidents, illness, etc.)

Explain activity restrictions (e.g., what cannot be done, what adaptations or limitations are necessary)

Important – These spaces must be complete for attendance This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.	_____ Signature
It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status. In the event 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.	_____ Signature of parent, guardian or adult camper/staffer _____ Printed Name _____ Date
As parent or legal guardian, I accept the conditions stated, including the release of the W PA UMC and Jumonville from liability in case of accident or illness. I give permission for the applicant's picture in camp activities to be used in brochures, publications and visual presentations promoting the W PA Camping Ministries and/or Jumonville.	_____ Signature of parent, guardian or adult camper/staffer _____ Date
In case of a very traumatic situation, it is a normal procedure to ask a pastor to assist in supporting campers. Please indicate your preference.	___Yes, this in fine ___No, thank you Pastor's Name _____ Phone Number _____
I/We as parent(s)/guardian(s), hereby agree to allow the sharing of any information contained in this form as regards myself/my child. I realize this will be done with the utmost discretion and by the sharing will provide the best and safest camp experience for myself/my child.	_____ Signature _____ Date

FOR CAMP USE ONLY:

Temp_____ N&V_____ Swimmer's Ear _____ Hepatitis Exposure _____ Has anyone in home/residence been sick in the last 24 hours? _____

INITIALS:_____ SIGNATURE:_____ DATE: _____