This form must be completed and given to your leader before you arrive at camp.

JAC CAMP HEALTH FORM

Type or print - Use black or blue ink - Please fill out completely

LAST NAME

CAMPER INS INFO
Health Ins. Co.
Ins. Group #
Ins. Agr. #

Name			Age at Camp	Event Name JAC CAMP		
Gender: M or F	Ht.	Wt.	Date of Birth	Hello!	Parent's Name	
Address			City		State	Zipcode
Home Phone # ( )			Work Phone # ( )			Cell Phone
Family Physician's Name			Physician's Phone # ( )			

In Case of Emergency
please list name and cell #
of another authorized adult.

MEDICATIONS MUST BE GIVEN TO HEALTH CARE UPON ARRIVAL : List any meds that you take on a regular basis:

	Med	Dose	Reason for taking	Approx time of day taken
1				
2				
3				
4				
5				

*YOUR CHILD WILL BE RESPONSIBLE FOR CARRYING HIS/HER OWN EPIPEN.

Allergy	Reaction	Treatment
Condition		
Asthma	Yes	No
Seizures	Yes	No
Bleeding Tendency	Yes	No
Diabetes	Yes	No
Epilepsy	Yes	No

Any exposure to contagious disease in the last 4 weeks?

Any elevated temperature in the last 24 hours?

Any physical restrictions due to recent surgery or illness?

Date of most recent tetanus shot or DT/DPT booster

Date of last physical checkup

Previous camping experience

Comments/ Special Instructions:

Please bring **daily prescription meds ONLY** to camp.
All meds must be in the original container and in a large zip lock baggie with name.

The Camp RN will have over the counter medications avalable at camp. Ex. - Tylenol, Advil, Antacid, Benadryl, etc.

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/m 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.
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 pursua 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 t 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.

parent/gaurdian signature   adult leaders can sign their own form