



# Camp Sawtooth Camper Medical History Form - 2011

(Please Print)

Camper Name \_\_\_\_\_ Camp Attending \_\_\_\_\_

Camper Home Address \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Gender: Male / Female (Please circle)

**Parent/Guardian** to be contacted in case of emergency: \_\_\_\_\_

Home Address \_\_\_\_\_

(if different than above)

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CONTACT:** In case you cannot be reached, please notify:

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

Home Phone \_\_\_\_\_ Cell #: \_\_\_\_\_

**HEALTH HISTORY:** Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If insufficient space is provided, please attach additional paperwork.

**ALLERGIES:** List all known allergies and describe reaction and management of the reaction. \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Food Allergies or Special Diet Needs: \_\_\_\_\_

Other Allergies: (include insect stings, hay fever, asthma, animal dander, etc.) \_\_\_\_\_

Has your child experienced any of the following? Please circle number and explain all that apply.

- |  |  |
|--|--|
| 1. Recent injury, illness or infectious disease? | 14. If female, abnormal menstrual history? |
| 2. Chronic or recurring illness?                 | 15. Eating disorder?                       |
| 3. Ever had measles?                             | 16. Depression?                            |
| 4. Ever had chicken pox?                         | 17. Sleep problems?                        |
| 5. Ever been hospitalized?                       | 18. Psychiatric treatment?                 |
| 6. Ever had surgery?                             | 19. Bed wetting (recently)?                |
| 7. Frequent headaches?                           |  |
| 8. Head injury?                                  |  |
| 9. Frequent ear infections?                      |  |
| 10. Ever passed out during or after exercise?    |  |
| 11. Diabetes?                                    |  |
| 12. ADHD / ADD?                                  |  |
| 13. Heart disease?                               |  |

Please explain any "yes" answers, noting the number of the question.

Are there any other medical conditions or restrictions we should be aware of?

**Explanation: (Attach additional sheet if needed)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH INSURANCE:**

Is this camper covered by family health insurance? \_\_\_\_\_ Insurance Company \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Group ID# \_\_\_\_\_

**IMMUNIZATIONS:** (Dates are required)

Immunization	Dosage #1 month/year	Dosage #2 month/year	Dosage #3 month/year	Dosage #4 month/year	Dosage #5 month/year	Month/Year
DPT						xxxxxxxxxx
Tetanus booster	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	
MMR			xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx
Polio OPV/IPV						xxxxxxxxxx
TB Test	Positive?	Negative?				
Hepatitis B				xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx
Hepatitis A			xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx
Menactra		xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx

If you child has not been immunized, please sign below indicating you are aware of the risks involved.

Signature of Parent or Guardian: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Date: \_\_\_\_\_

**NON-PRESCRIPTION MEDICATIONS:** Camp Sawtooth keeps over-the-counter medications stocked for campers who may need them. Please check those medications that your child may take/use if needed. These will be administered by the Health Care Volunteer.

- \_\_\_\_ Acetaminophen (Tylenol)
- \_\_\_\_ Ibuprofen (Advil, Motrin)
- \_\_\_\_ Sudafed
- \_\_\_\_ Benadryl
- \_\_\_\_ Cough drops
- \_\_\_\_ Sore throat spray
- \_\_\_\_ Calamine lotion
- \_\_\_\_ Pepto Bismol
- \_\_\_\_ Kaopectate (for mild diarrhea)
- \_\_\_\_ Hydrocortisone cream
- \_\_\_\_ Antibiotic cream (Neosporin)
- \_\_\_\_ Aloe (sunburn cream)

**MEDICATIONS:** List ALL medications including over-the-counter or non-prescription drugs taken routinely. Bring sufficient medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. The camper's name must be written on all containers. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed. Identify any medications taken during the school year that participant does/may not take during the summer.

Medication #1 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times to be taken each day \_\_\_\_\_ Reason for taking \_\_\_\_\_

Medication #2 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times to be taken each day \_\_\_\_\_ Reason for taking \_\_\_\_\_

Medication #3 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times to be taken each day \_\_\_\_\_ Reason for taking \_\_\_\_\_

**EPI PENS or INHALERS (Parent or Guardian please initial)**

I give my child permission to carry an Inhaler and to self-administer. \_\_\_\_\_

I give my child permission to carry an Epi pen and to self-administer. \_\_\_\_\_

Health Care Volunteers should keep my child's Inhaler or Epi pin to help determine when needed. \_\_\_\_\_

**TRANSPORTATION:** My child will return home from camp with (name of person or church):

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

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

If above information changes, please contact Camp Sawtooth as soon as possible.

**EMERGENCY AUTHORIZATION AND LIABILITY RELEASE:**

This health history is correct so far as I know, and the camper described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities.

I understand that Camp Sawtooth has taken extensive safety measures, including the certification of its staff in first aid and CPR, as well as making every effort to aid the safety of all camp participants. However, I also recognize that Camp Sawtooth cannot insure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries.

I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release Camp Sawtooth from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of Camp Sawtooth.

I give permission to the Camp Health Care volunteer to (1) administer the camper's routine medications, as needed' medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants.

In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for Camp Sawtooth

I give permission for Camp Sawtooth to use any photo, video, or interview taken at camp to be used to illustrate report, promote and advertise Camp Sawtooth.

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**Signature of Parent/Guardian**

**Date**

**MEDICAL FORM MUST BE COMPLETED AND RETURNED AT LEAST TWO WEEKS BEFORE CAMP**

**BEFORE MAY 15<sup>TH</sup>**

Camp Sawtooth  
PO Box 218  
Wendell, ID 83355

(208) 536-6270

[directorscampsawtooth@yahoo.com](mailto:directorscampsawtooth@yahoo.com)

**AFTER MAY 15<sup>TH</sup>**

Camp Sawtooth  
HC 64, Box 8290  
Ketchum, ID 83340

(208) 726-1155

[www.campsawtooth.org](http://www.campsawtooth.org)