



Camp Sawtooth Camper Medical History Form

(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.) _____

Are there any medical conditions or restrictions we should be aware of? If so please explain:

Explanation: (Attach additional sheet if needed) _____

HEALTH INSURANCE:

Is this camper covered by family health insurance? _____ Insurance Company _____

Subscriber's Name _____ Group ID# _____

IMMUNIZATIONS: When was your child's last tetanus shot? _____

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 Staff.

___ 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 Staff should keep my child's Inhaler or Epi pin to help determine when needed. _____

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 staff to (1) administer the camper's routine medications, as needed, 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.

Signature of Parent/Guardian

Date

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

BEFORE MAY 15TH

Camp Sawtooth
PO Box 101
Nampa, ID 83653
(208) 899-2073

directorscampsawtooth@yahoo.com

AFTER MAY 15TH

Camp Sawtooth
HC 64, Box 8290
Ketchum, ID 83340
(208) 726-1155

www.campsawtooth.org