

Health History Form - Campers and Adults

Dates of Camp Attendance _____

Check Camp

- Inawendiwin Day Camp
- Kettle Run Day Camp
- Oak Spring Day Camp
- Sacy Day Camp

Developed by American Camp Association with the American Academy of Pediatrics

Enclose with registration or mail to:

For Inawendiwin, Kettle Run, and Sacy Day Camp
PO Box 948, Newfield, NJ 08344

For Oak Spring
108 Church Lane, East Brunswick, NJ 08816

Attach recent photo

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to the camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of participant's needs.

Name: _____ Birth Date _____ Age at camp _____
Last First Middle

Home Address _____
Street City State Zip

Social Security of participant _____ Home Phone (_____) _____

Custodial Parent / Guardian _____ Work Phone (_____) _____

Insurance Information

Is the participant covered by family medical/hospital insurance?

Yes No

If so, indicate carrier or plan name:

Group # _____

In Emergency Notify

Name _____

Relationship _____

Address _____

Phone (_____) _____

Name of Family Physician _____

Phone (_____) _____

Important – These boxes must be complete for attendance*

Parent/Guardian Authorizations: this health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests.

Signature of parent/guardian or adult staff _____

Printed name: _____ Date _____

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. 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.

I also understand and agree to abide by any restrictions placed on my participation in camp activities:

Signature of minor or adult staff _____ Date _____

**If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

Permission to Participate

My child/ward has permission to participate in all activities offered during the regular camping day. These activities may include but are not limited to bus transportation to and from camp, swimming, boating, hiking, archery, outdoor cooking and sports.

I consent that the videotapes, photographs, and/or motion picture film for which she/he posed, and/or audio recording made of her/his voice may be used by the Girl Scouts in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, recordings, and the plates or tapes from which they are made shall be Council property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Signature of Parent/Guardian _____ Date _____

Camper Profile

Please take some time to tell us about your child. We want camp to be the best experience that it can be for her. Attach page as needed.

Has there been any major trauma or upset during this year that might cause a problem? No Yes

If yes, please explain: _____

Is there any physical or health related information that relates to your child in the camp setting? No Yes

If yes, please explain: _____

Has your child been away from home without family? No Yes

I would like you to know this additional information about my child: _____
