

REDEEMER KID KAT KAMP HEALTH HISTORY FORM

You must bring this completed form, one form per child, to camp with your child. State law prohibits us from accepting a child at camp without this form. A doctor's physical is not required, but an immunization history is. The information on this form is not part of the camper or staff acceptance process. If you have any questions, or if you think that your child has needs that we should be aware of prior to the beginning of camp, please contact the Camp Director, Mark Wuggazer, at 248-644-4010 x27.

Camper's Last Name: _____ First: _____ M.I.: _____ Birth Date: _____

Home Address: _____ City: _____ St. _____ Zip: _____

Social Security # of participant: _____ Male: Female:

Camper's Mother's Name: _____ Home Phone: _____

Work Phone #: _____ Cell Phone #: _____

Camper's Father's Name: _____ Home Phone: _____

Work Phone #: _____ Cell Phone #: _____

Emergency Contact Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Insurance Information: Is participant covered by family medical / hospital insurance? YES NO

If Yes, Carrier name or plan name: _____ Group #: _____ ID #: _____

Phone number for hospital pre-authorization, if required: _____

Please photocopy the front and back of health card, and attach it to this form.

This health history is complete and accurate as far as I know. I hereby give my permission for the above named camper to attend Redeemer Kid Kat Kamp from August 2 to 8, 2008 and to participate in all camp activities except as noted on this form. 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. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for 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 camper.

I hereby give my permission for my child to be bussed from Camp Michawana to Redeemer on Friday, August 8, 2008 by the bus company contracted by Redeemer. (Cross this line out and initial if you are picking your child up at Camp Michawana prior to Noon on August 8.)

In consideration of the privilege to participate extended to me by Lutheran Church of the Redeemer, I do hereby, for myself, my heirs, and/or executor, remise, release, indemnify and hold harmless Lutheran Church of the Redeemer and all of its officers, agents, employees, and volunteers, acting officially or otherwise, from any and all actions, causes of action, or claims of any injury, damage, loss or death which may occur from any cause including, but not limited to any accident while participating individually or with others in Kid Kat Kamp, including bus transportation.

I hereby give my permission for my child's picture/likeness to be used in advertising and promotional materials including but not limited to brochures, flyers, and our web site.

The following person/people are authorized to pick-up the child listed on this form at the end of camp. I understand that the child will not be released to anyone but this/these authorized person/people:

_____, or, _____

Signature of Parent or Guardian: _____

Please complete both side of this form.

List all known ALLERGIES

Describe reaction and management of reaction

Medication Allergies (list)

Food Allergies (list, and please call the Camp Director, Mark Wuggazer, in advance so that we can be prepared to meet your child's dietary needs)

Other Allergies (list) - Include hayfever, insect bites, asthma, etc.

If your camper requires the use of an Epi-Pen, please provide an un-expired one, in a fanny pack.

Medications being taken

Please list all medications being taken. Please include over-the-counter and non-prescription drugs taken routinely. Please bring enough medication for the entire week. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. Please do not send Tylenol, Advil/Motrin/ibuprofen, or Benadryl if it is only used occasionally - Please bring only if it is used daily or more frequently.

This person takes NO medications on a routine basis. OR This person takes medication as follows:

Medication: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Medication: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Restrictions

Please explain any dietary restrictions and/or physical restrictions to activities at camp. Attach additional sheets if nec.

General Questions (explain YES answers below) Has/does the camper:

- | | |
|--|---|
| 1. Had any recent injury, illness or infectious disease? Y N | 13. Ever had high blood pressure? Y N |
| 2. Have a chronic or recurring illness / condition? Y N | 14. Ever had back or heart problems? Y N |
| 3. Ever been hospitalized? Y N | 15. Ever had problems with joints? Y N |
| 4. Ever had surgery? Y N | 16. Have an orthodontic appliance brought to camp? Y N |
| 5. Have frequent headaches? Y N | 17. Have any skin problems? (itching, rash, acne?) Y N |
| 6. Ever had a head injury? Y N | 18. Had mononucleosis in the last 12 months? Y N |
| 7. Ever been knocked unconscious? Y N | 19. Had problems with diarrhea / constipation? Y N |
| 8. Wear glasses, contacts or protective eye wear? Y N | 20. Have problems with sleepwalking or bedwetting? Y N |
| 9. Ever had frequent ear infections? Y N | 21. If female, have an abnormal menstrual history? Y N |
| 10. Ever passed out / become dizzy during or after exercise? Y N | 22. Have an eating disorder? Y N |
| 11. Ever had seizures? Y N | 23. Ever had emotional difficulties for which professional help was sought? Y N |
| 12. Ever had chest pain during or after exercise? Y N | |

Please explain any YES answers to the above questions: _____

Immunization History

Please give all dates:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____

Which of the following has camper had?

- Measels
- Chicken Pox
- Mumps
- Hepatitis A B C

Date of last TB test: _____
Positive or negative? _____

Name of family physician: _____ Phone: _____

Name of family dentist / orthodontist: _____ Phone: _____

Screening Record (For camp use only)

Screened by: _____

Date screened: _____ Time: _____ Meds received: _____

Current health needs identified / notes: _____

Check out
