Sunset Lake Camp CAMPER Health History and Physical Exam Form

This section must be filled out by the parent/guardian of the camper. Please use black or blue ink.

Camper's Name _____ Birth Date_____ ❑M ❑F Camp(s)_____
Last *First*

Parent/Guardian _____ Phone _____ Alt. Phone_____

Full Address _____

Emergency Contact_____ Relationship_____ Phone_____

Insurance

Insurance Co. _____ ID# _____ Policy/Group No. _____ Co-pay amt._____

Subscriber's Name _____ Date of Birth _____ Employer_____

Health History

Allergies

Medications		Foods		Other (environmental, insect bites, etc.)

Medications

(Please list ALL medications being taken routinely-including vitamins, herbal medications, and over-the-counter medications. Please remember ALL medications must be turned in to the nurse at registration. **PLEASE KEEP ALL MEDICATIONS IN THE ORIGINAL CONTAINER**.)

❑ Camper takes **NO** medications routinely.

❑ Camper takes the following medications:

Med#1_____ Frequency_____ Dosage_____ Reason_____

Med#1_____ Frequency_____ Dosage_____ Reason_____

Med#1_____ Frequency_____ Dosage_____ Reason_____

General Questions:

Has/does camper:	**Yes**	**No**
Have a chronic or recurring illness or condition *(diabetes, asthma, severe headaches, skin problems, etc.)*?	❑	❑
Have any physical restrictions?	❑	❑
Have any dietary restrictions?	❑	❑
Have any mental health concerns *(ADD, ADHD, etc.)*?	❑	❑
Girls-have menstrual problems?	❑	❑
Have bedwetting issues?	❑	❑
Had surgery?	❑	❑
Recently *(last 9 mo)* traveled internationally?	❑	❑
Had significant life event that continues to affect camper *(death of loved one, abuse, adoption, foster care, etc.)*?	❑	❑

Please provide explanations to "yes" answers here, attaching additional pages if necessary.

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Immunization Dates: MMR_____ DtP_____ Tetanus Booster _____ Polio _____

Parent/Guardian Authorization: I hereby give permission to the physicians selected by the camp directors to provide routine and emergency healthcare for my child including taking a history, doing a physical examination, ordering tests and providing treatment, including prescription medications, and transportation to the Emergency Room, as required. I understand that I will be contacted as soon as possible regarding any of these medical necessities. I also give permission for this form to be photocopied for medical/insurance needs. I understand this information is shared only on a "need to know basis", otherwise it is confidential. I certify that the information on this form is correct/current to the best of my knowledge.

Signature of parent/guardian_____ Date_____

The following section must be filled out and signed by a licensed physician.

Has the above camper had a health exam within the last 24-months? ❑Yes ❑No Date of exam_____

Please explain any current/ongoing treatments, including medications, and/or restrictions if applicable:_____

_____

Clinic name_____ Clinic address/phone_____

"I certify that the above camper is in good health and able to participate in camp activities with regard to above instructions, if applicable."

Physician's signature_____ Date_____

Physician's printed name_____

MAIL OR FAX TO:

March-May: Washington Conference of Seventh-day Adventists c/o Sunset Lake Camp
32229 Weyerhaeuser Way South, Federal Way, WA 98001 FAX: (253) 681-6009

June-August: Sunset Lake Camp, P.O. Box 90, Wilkeson, WA 98396 FAX: (360) 829-0558