

CAMP PECOMETH: Health History and Participation Form

*** DO NOT SEND THIS FORM IN EARLY; BRING IT TO CHECK-IN ON THE FIRST DAY OF CAMP ***

Attention Parents: Safety is a very high priority for all of our programs. Please help us by providing the information requested below. If your child has any current or past health conditions that could affect her/his participation, please inform us. Camp Pecometh is a non-profit, faith-based, summer camp and retreat facility. Our program uses a variety of activities that may or may not include team-building activities, low/high challenge course activities, swimming, paddling, running, hiking, climbing, camping, tubing, wakeboarding, waterskiing, horseback riding, sailing, etc. Since this is a general description only, please refer to accompanying information or camp personnel to find out more about specific activities planned for your son or daughter's program. Although some of these activities can be physically demanding, they are designed to be within the capability of any camper who is in reasonably good health.

Important Information: This form **must be updated by your physician** within 6 months of your child's arrival at camp. A physical exam is required within 24 months of your arrival at camp.

Camper Name _____ SSN (optional) _____

Birth date _____ Age as of June 1 _____ Gender Male Female

Address _____
Number/Street or PO Box City State Zip

Telephone _____
Home: Area Code and Number Work: Area Code and Number Cell: Area Code and Number Email Address

EMERGENCY CONTACT INFORMATION (Three different emergency contacts are required with both day and evening telephone numbers)

Emergency Contact #1 _____ Day _____ Evening _____
Name Area Code and Number Area Code and Number

Emergency Contact #2 _____ Day _____ Evening _____
Name Area Code and Number Area Code and Number

Emergency Contact #3 _____ Day _____ Evening _____
Name Area Code and Number Area Code and Number

HEALTH HISTORY

- Yes No Ear infections
- Yes No Heart disease/murmur/other
- Yes No Convulsions/Seizures
- Yes No Diabetes
- Yes No Bleeding/Clotting
- Yes No Hypertension
- Yes No Mononucleosis

- Yes No Learning Differences/Disabilities
- Yes No Bi-polar Disorders
- Yes No ADD/ADHD
- Yes No Depression
- Yes No Eating Disorders

- Yes No Chicken Pox
- Yes No Measles
- Yes No German Measles
- Yes No Mumps

- Yes No Hay Fever
- Yes No Poison Ivy/Oak/Sumac
- Yes No Stings/Bites (Bees, Insects, Jellyfish, Ticks, Spiders, etc.)

- Yes No Penicillin
- Yes No Other Drugs
- Yes No Asthma
- Yes No Other (attach explanation)

Has camper ever required counseling or hospitalization? Yes No

Explain _____

Does camper have behavioral issues? Yes No

Explain _____

Is the camper a bed-wetter? Yes No

Explain _____

Has camper had any operations or serious illnesses? Yes No

Explain _____

Does camper have any disabilities, chronic or recurring illnesses? Yes No

Explain _____

Does camper have any dietary conditions/modifications? Yes No

Explain _____

Is camper currently taking any medications? Yes No *If yes, please send instructions*

List meds _____

Does camper have other diseases or conditions? Yes No

Explain _____

FOR FEMALES CAMPERS ONLY

Has child had a menstrual period? Yes No If not, has she been told about it? Yes No

If so, is menstrual history normal? Yes No Does she have enough supplies? Yes No

Family Physician _____ Telephone _____ Date of Last Physical Exam _____

Dentist/Orthodontist _____ Telephone _____ Date of Last Dental Exam _____

Do you carry family medical/hospital insurance? Yes No If so, indicate Carrier _____ Policy # _____

ADDITIONAL INFORMATION Please attach an explanation of any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive.

Camper's Name _____ Date _____ Program _____ M F
 Has your child had a fever or taken antibiotics within the last 2 weeks? Yes No Did you bring any OTC meds, pills, vitamins or prescription medication? Yes No
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IMMUNIZATION HISTORY: Please record the approximate date (month and year) of most recent booster doses.

Vaccines	Last Booster	Vaccines	Last Booster
Diphtheria/Pertusis/Tetanus DPT		Tetanus/Diphtheria DT	
MMR (Measles, Mumps, Rubella)		Tetanus	
Tuberculin test given (most recent)		Varicella (Chicken Pox)	
Haemophilus Influenza b (HIB)		Polio	
Hepatitis B		Other:	

This section to be completed by a licensed physician

I have examined the above camp applicant within the past two years. Date of examination _____

In my opinion, the campers conditions does / does not preclude his/her participation in an active camp program.

Height _____ Weight _____ Blood Pressure _____

This applicant is under the care of a physician for the following condition(s) _____

Current treatment(s) and/or medication(s) _____

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Any other condition(s) that camp nurse or staff should be made aware? Yes No

Explain _____

RECOMMENDATIONS AND/OR RESTRICTIONS WHILE AT CAMP :

Any treatment to be continued at camp _____

Any medication to be administered at camp (specific dosages) _____

Any medically prescribed meal plan or dietary restrictions _____

Additional information or activity restrictions _____

Licensed Physician's Signature _____ Printed Name _____

Address _____ Phone _____

Date Form Completed _____ By * _____ (*Initial if completed by nurse or physician's assistant)

IMPORTANT NOTE FOR MEDICATIONS By law, all prescription medications must be brought to camp in their original containers, with the doctor's instructions. DO NOT pre-dispense, place in daily pill holders, wrap in outer materials, or ask us to dispense by other than doctor's orders. Do not bring expired medications. Medications not in original containers will not be held or dispensed at camp.

RELEASE OF LIABILITY – ACKNOWLEDGMENT OF RISK – AUTHORIZATION FOR TREATMENT I acknowledge that although Pecometh's summer program has been carefully designed and operated by well-trained staff, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care, or hospitalization, order x-rays, routine tests, treatment, and necessary transportation for my child to a medical facility as necessary. If I cannot be contacted, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child. I affirm that all the information provided is accurate and complete and I agree to hold Camp Pecometh harmless if full disclosure of a pre-existing health condition has not been provided. I release Camp Pecometh, staff members and board members from all liability not directly related to the actions of Pecometh staff members.

PUBLICITY: I authorize do not authorize use of my / my child's image in Pecometh publicity.

PARENT: Signature of **parent/guardian** or adult camper/staffer _____ Date _____

I also understand and agree to abide with the restrictions placed on my activities, as well as the rules and regulations of Camp Pecometh.

CAMPER: Signature of camper/minor _____ Date _____