

MEDICAL INFORMATION FOR NATURE CAMP - 2008

Please fill out all four pages and return within four weeks of the start of camper's session to

(before June 1): Philip Coulling, Exec. Director
835 Sugar Creek Rd.
Lexington, VA 24450

(after June 1): Nature Camp
316 Nature Camp Trl.
Vesuvius, VA 24483

PARENTS / GUARDIANS

Please fill out this form completely before presenting to physician. Use additional sheet if necessary.

Camper's Name: _____ Session: _____ Male Female

Social Security # _____ Date of Birth: _____ Age on arrival at Camp: _____
(required by medical insurance)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance: Yes No

Please include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Company Phone # (_____) _____

Camper's Medical History:

List any medications or pills to be taken regularly at camp and directions for their use:

List any other medications taken at home:

Drug allergies: Yes No
If yes, please list drug and reaction (e.g., amoxicillin caused rash).

Chronic medical problems: Yes No
If yes, please list (e.g., asthma, diabetes).

If camper has ever been admitted to hospital overnight, please list year and diagnosis.

Camper's Name: _____

List any past surgical procedures and significant orthopedic injuries (fractures or bad sprains).

Does the camper have any allergies to insect bites, stings, spiders or food allergies? Yes No
If yes, note date, reaction and treatment.

Does the camper need corrective lenses? Yes No
If yes, _____ glasses and or _____ contacts

Has the camper ever been seen by a psychiatrist or psychologist? Yes No
If so, for what?

Has camper ever:

- passed out or fainted? Yes No
- been told s/he has a heart murmur? Yes No
- had a seizure? Yes No
- received a transfusion of blood products? Yes No
- been exposed to TB? Yes No
- been thought to have an eating disorder? Yes No

Is there any family history of: *(If yes, please explain.)*

- heart disease at a young age (<30 years)? Yes No
- passing out or dying at a young age? Yes No

FOR FEMALE CAMPERS ONLY:

Age at onset of menstrual periods: _____

Has camper ever missed more than two periods? Yes No

Parent/Guardian please note:

1. Nature Camp has some common, over-the-counter medications, as well as other first aid items available for the camper's health. (See page 4.) Any medication (prescription or over-the-counter) brought by camper must be registered with the camp's Infirmary Staff at check in, so that we may monitor treatment. (We must be certain that campers are not treating themselves or others without our knowledge.)
2. In an effort to reduce infectious outbreaks at camp, please notify Nature Camp if your child has any illness in the week prior to session start (such as chicken pox, vomiting or diarrhea, bad head or chest cold).
3. You may be requested to talk to Infirmary Staff on arrival at camp if:
 - camper has medication to be checked in.
 - there is a need for further medical information or clarification.
 - this medical form is incomplete.

Please list name and telephone number of camper's regular medical providers.

Name of primary doctor(s): _____ Telephone # (_____) _____

Name of dentist(s): _____ Telephone # (_____) _____

Name of orthodontist(s): _____ Telephone # (_____) _____

Camper's Name: _____

The following non-prescription medications may be stocked in the Nature Camp infirmary and are used as needed to manage illness and injury. ***Please cross out those which the camper should not be given.***

- Acetaminophen (Tylenol)
- Ibuprofen (Advil)
- Naproxen sodium (Aleve)
- Sudafed, etc. (does not contain pseudoephedrine)
- Dayquil
- Nyquil
- Ricola cough drops
- Tavist-D
- Benadryl capsules, syrup (antihistamine)
- Hydrocortisone
- Cepacol throat spray
- Epi-pens
- Excedrin (contains acetaminophen, aspirin, caffeine)
- Advil cold/sinus
- Robitussen expectorant, cough suppressant, nasal decongestant
- Sterile saline solution
- Hydrogen peroxide
- Arniflora gel
- Medsporin
- Alcohol swabs
- Povidine – iodine solution (Betadine)
- Non-powder, vinyl gloves (non-latex)

EMERGENCY CONTACT INFORMATION – *Please provide telephone numbers for individuals to be reached in the event of an emergency. Please indicate the type (e.g., home, work, cell, pager) for each number.*

Name	Relationship to camper	Phone # 1	Type	Phone # 2	Type	Phone # 3	Type

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by Nature Camp to order X-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with Nature Camp staff. I give permission to photocopy this form. In addition, Nature Camp has permission to obtain a copy of my child's health record from providers who treat my child, and these providers may talk with the program's staff about my child's health status.

Name of Custodial Parent / Guardian (print): _____ Relationship to Camper: _____

Signature for emergency treatment: _____ Date: _____

Signature for non-acute treatment: _____ Date: _____