



Nobles Day Camp Health Services Checklist 2010

Please use the following checklist to assist you in making sure all ***required** documents are returned with your application form.

- HEALTH HISTORY*
- INSURANCE INFORMATION* (Insurance provider and policy number must be documented on the Health History form.)
- PARENT AUTHORIZATION - SIGNED & DATED*
- PHYSICAL EXAM* (from MD within 12 months of camp attendance.)

Include a copy of the most recent physical now. Updated physical exam reports must be forwarded to the camp upon completion.

Must include day/month/year of ALL basic immunizations and ALL booster doses.

I have a scheduled appointment for my child on _____.

- MEDICATION ADMINISTRATION FORM**

A signed parental and physician consent to administer medication (over-the-counter or prescription) while your child is attending camp.

**Required (if applicable)

**Include this completed checklist with all necessary forms
WITH YOUR REGISTRATION MATERIAL.**

Nurse's Notes



Health History

The information on this form is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to the camp nurse promptly. Please provide complete information so that the camp can be aware of your camper's needs.

Camper Name: _____ Address: _____

Parent Name: _____ Primary email: _____

Home Phone _____ Work Phone _____ Cell _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Information: Is the CAMPER/STAFF covered by MEDICAL/HOSPITAL insurance? YES NO

If YES, Insurance Provider: _____ Camper/Staff Policy number: _____

Allergies: List all known. Describe reaction and management of reaction.

Medication allergies (list all) _____ Reaction & Management _____

Food allergies (list all) _____ Other allergies (list all) *include insect stings, hay fever, asthma, animal dander, etc.*

Medications: Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely.

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

Med #1 _____ dosage _____ time(s) taken _____

Reason for taking _____

Med #2 _____ dosage _____ time(s) taken _____

Reason for taking _____

Med #3 _____ dosage _____ time(s) taken _____

Reason for taking _____

Please provide description of any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions, accommodations or considerations while at camp.

Please describe any camp activities from which the camper/staff should be exempted for health reasons.

List any past medical treatment (i.e.: recent injuries, illness, surgery, etc.)

Extra space available on back of form if necessary.



Parent Authorizations

1. I give permission to the camp nurse to share information relevant to my child's health condition with appropriate camp personnel when needed to meet my child's health and safety needs.
2. I give the camp nurse permission to exchange information with my child's Primary Care Physician for the purpose of referral, diagnosis, and treatment.
3. I give the camp nurse permission to administer Tylenol, Advil, Motrin, ibuprofen, cough drops, and/or over-the-counter medications as deemed necessary. Manufacturers dosage guidelines shall be used.
4. I give the camp nurse permission to delegate medication administration to non-licensed personnel after proper instruction on the dose, route, frequency and reason for administration of the medication(s) when deemed safe and appropriate. Staff is instructed to activate EMS in emergency situations.
5. In the event reasonable attempts to contact me by phone have been unsuccessful, I hereby give my consent for (a) the administration of any treatment deemed necessary by a licensed physician or dentist (b) the transfer of my child to any hospital reasonably accessible.
6. I agree to the release of any records necessary for insurance purposes.
7. The camper herein described has permission to go on off campus trips (if applicable).
8. I give permission for the contact, insurance, and parent/guardian sections of any forms to be photocopied for off campus trips (if applicable).
9. *Risk Warning Statement*
Nobles Day Camp asks campers to participate in a variety of indoor and outdoor activities throughout the season. Many of these activities carry some risk of injury.
The camp makes every effort to provide:
 - Safe transportation
 - Safe equipment and facilities
 - Competent instruction and supervision

Because of the inherent risks, it is imperative that campers follow the counselors' or teachers' instructions, understand the play within the rules of the activity, and adhere to the code of ethics governing competition.

It is important that you, as parents, understand that despite all the precautions taken to minimize risks to your children, it is possible that they could be seriously injured while involved in camp activities.

It is therefore important that the camp has a record of your acknowledgement of these risks, and we ask you to sign and return this form. It is a statement agreeing that you understand that there are risks involved for campers involved in camp-sponsored activities.
10. I understand that my child will not be allowed to attend Nobles Day Camp until I have provided health records fully in compliance with state and local regulations. I understand and agree that it is the responsibility of the parent/guardian to provide the completed health information.

Signed _____

Date / /

Parent/Guardian Signature



