

# Camp Nuhop Health Form

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**Camper's Full Name** \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Attended Camp Nuhop in the Past Y \_\_\_\_\_ N \_\_\_\_\_

**Address: Street** \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

County \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Parent/Grdn. Name** \_\_\_\_\_

**Address (if different from camper's address)**

Street \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**Contact if above contact is not available:**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

## Camper Health History

· Please check and give approx. dates

\_\_\_\_/\_\_\_\_/\_\_\_\_ Asthma  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Bed Wetting  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Ear Infections  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Seizures  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Chicken Pox  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Measles  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Mumps  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Other ( \_\_\_\_\_ )

## Allergies

\_\_\_\_ Hay Fever  
\_\_\_\_ Poison Ivy  
\_\_\_\_ Insect Stings  
\_\_\_\_ Penicillin  
\_\_\_\_ Latex  
\_\_\_\_ Other ( \_\_\_\_\_ )

## Food Allergies

\_\_\_\_ Peanuts  
\_\_\_\_ Tree Nuts  
\_\_\_\_ Gluten  
\_\_\_\_ Dairy  
\_\_\_\_ Other ( \_\_\_\_\_ )

## Immunizations

\_\_\_\_ Immunizations are up to date  
\_\_\_\_ We do not immunize  
\_\_\_\_ Date of last tetanus booster

**Operations or Serious Injuries:** \_\_\_\_\_

\_\_\_\_\_

**Chronic or Recurring Illness:** \_\_\_\_\_

\_\_\_\_\_

**Other health issues or concerns:** \_\_\_\_\_

\_\_\_\_\_

# Camp Nuhop Health Form

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## **Please check the items you give permission for Camp Nuhop to dispense:**

(All are supplied by Camp Nuhop, please do not send extra to camp)

- \_\_\_\_ **Acetaminophen** (Tylenol); for headache, fever, aches and pains
- \_\_\_\_ **Ibuprofen** (Advil); for headache, aches and pains, swelling
- \_\_\_\_ **Pepto-Bismol**; for diarrhea and upset stomach
- \_\_\_\_ **Benadryl**; for allergies or insect bites/stings
- \_\_\_\_ **Midol**; for relief from menstrual symptoms
- \_\_\_\_ **Cough Drops**; for relief from coughing
- \_\_\_\_ **Caladryl Clear**; for poison ivy, insect bites, or minor skin irritation
- \_\_\_\_ **Gold Bond Medicated Powder**; for minor skin irritations

## **Current medications, with dosage and time:**

Medication	Dose	Times of Day	Reason for Taking Medication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **Medical Provider Information:**

### **Family Physician Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Insurance Information:**

Carrier: \_\_\_\_\_

Policy or Group # \_\_\_\_\_

## **Parent / Guardian Authorization:**

The Camp Nuhop staff has my permission to administer the medications listed above. I understand I am responsible for dividing these medications into single envelopes, one for each time medication is to be given, containing the correct medication and labeled with the above information.

This health history is correct and complete to the best of my knowledge. I hereby give permission to Camp Nuhop or a selected healthcare provider to treat the child listed on this health form in the event that medical attention is needed. Medical attention may be first aid, physician visits, or hospitalization, including injections, anesthesia, x-rays, tests, and surgery.

Signature \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Date \_\_\_\_\_