

Camp Unalayee

Camper Health History

Camper Name _____

Allergies:

Describe reaction and management of the reaction

Medication allergies (list)

Food allergies (list)

Food Restrictions:

Does not eat: ___red meat ___pork ___dairy products ___poultry ___seafood ___eggs__ other _____

Other allergies (list) – include insect stings, hay fever, asthma, etc.

Current Medications Being Taken

Please list **ALL** current medications (including prescribed and over-the-counter) taken routinely. Keep them in the original bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication _____ or This person takes medication as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Describe the current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Describe the current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp _____

Describe any camp activities for which he/she should be exempt for health reasons _____

Check if you have had any of the following: if checked explain below

- Frequent ear infections
- Seizures
- Hypertension
- Chicken Pox
- Back problems
- Joint problems
- Infectious disease
- Surgery
- Head injury
- Asthma
- Bedwetting
- Professional care for emotional difficulties
- Heart defect
- Diabetes
- Mononucleosis
- Measles
- Chronic reoccurring illness
- High Blood Pressure
- Hospitalized
- Frequent Headaches
- Skin problems
- Abnormal menstrual history
- Eating disorder

Please explain any checked

List any past medical treatments/ injuries _____

Health Insurance: Carrier _____

Policy / Group # _____ (include a copy of the camper's Health card)

Family physician: _____ Phone _____

Dentist: _____ Phone _____

The Health History is complete and correct as far as I know _____

Parent/Guardian Signature

Date