

Fernwood Cove Camper Health Form

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Pages 1 and 2 are to be completed by parents/guardians of minors and returned to camp by May 1, 2008. Page 3 is to be completed by the camper's medical provider and it can be sent to camp separately and is due June 1, 2008.

Return to:
Fernwood Cove
 350 Island Pond Road
 Harrison, ME 04040
 Tel: (207) 583-2381 . Fax: (207) 583-6016

Camper Name: _____ SS#: _____ Date of Birth:(M/D/Y)_____

Address: _____

Parent/Guardian Name(s): _____

Home Phone # _____ Work #: _____ Cell #: _____

Second Parent Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____

Address: _____

Phone # _____ Relationship: _____

Health Information:

Please list all medications taken on a regular basis including over-the-counter or nonprescription drugs. Attach additional pages to the back of this form if more room is needed (please include your daughters name and date of birth). All medication must be kept in the original packaging when sent to camp.

This person takes no medications on a routine basis.

Medication	Dosage	Time	Reason for taking

Over-the-counter medications: Fernwood Cove stocks many over-the-counter (OTC) medications in tablet, chewable and liquid form. Unless specifically indicated, we will administer OTC medication from our stock. If there is any OTC medications that your daughter should not have, for example, due to allergy or prescription drug interaction, please list those medications below:

Please list all allergies/other conditions (including medical, food, environmental and other). Please describe the reaction experienced when exposed to these allergens. Make special note of any anaphylactic reactions-those that require EPI Pen.

Family Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Orthodontist: _____ Phone Number: _____

Mental Health Provider: _____ Phone Number: _____

Insurance Information: Please fill out the information below and attach a photocopy of your child's insurance card to the back of this form.

Policy #: _____ Insurance Carrier Name: _____

Policy Holder: _____ Carrier Phone Number: _____

Policy Holder's DOB: _____ Carrier Address: _____

IMPORTANT- This form must be signed in order for you/your daughter to attend Fernwood Cove.

This Health form is complete and correct as far as I know. The person herein named has permission to engage in all camp activities except as noted by me or the examining medical personnel.

I hereby give permission to medical personnel selected by Fernwood Cove to provide routine health care; to administer prescription and over-the-counter medication; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; seek emergency treatment for my child if necessary and to provide or arrange necessary related transportation for me/or my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Fernwood Cove to secure and administer treatment, including hospitalization, injection anesthesia, surgery for the person named above. This form may be photocopied for trips out of camp.

Parent/Guardian Signature _____ Date: _____

Print name: _____

General Health Questions:

Please circle yes or no if your daughter has ever had or does have:

1. Frequent Headaches or Migraines	Yes/No	10. Lactose Intolerance	Yes/No
2. Heart Defect/Disease	Yes/No	11. Motion Sickness	Yes/No
3. Seizures/Epilepsy	Yes/No	12. Mononucleosis (within last 12 months)	Yes/No
4. Bleeding or Clotting Disorders	Yes/No	13. Wears glasses or contact lenses	Yes/No
5. Joint Problems (Knees, Ankles, back)	Yes/No	14. Orthodontic appliance	Yes/No
6. Asthma (attach action plan)	Yes/No	15. Head lice (recent)	Yes/No
7. Diabetes	Yes/No	16. Sleep Disturbance (bedwetting, Sleep walking)	Yes/No
8. Any Surgery or Operations	Yes/No	17. Abnormal Menstrual History	Yes/No
9. Eating Disorder	Yes/No	18. History of Lyme Disease (any long term effect)	Yes/No

Please explain and provide dates if you answered yes to the statements above.

Please describe any chronic or recurring illness not mentioned above?

Has your daughter had any recent illness, injury, or infectious disease?

Menstruation: Has your daughter menstruated? _____ **If not, has she been told about it?** _____

Head Lice: If your daughter comes to camp or contracts lice at camp she will be treated with over-the-counter products by our Camp Health staff. Please note that she will be asked to sleep in the Health Center until the infestation is under control. **Please Initial** _____

Restrictions/Limitations:

Explain any restrictions or limitations to activity:

List any dietary restrictions:

Mental, Social and Emotional Health: The information you provide will be shared with great care among medical staff and camp directors. Other staff members will receive this information only when appropriate and necessary.

This camper has been diagnosed with Attention Deficit Disorder (ADD) or (ADHD)? Yes/No

Has this camper been diagnosed with any other specific mental health concern?
(i.e. depression, OCD, panic/anxiety disorder) Yes/No

Describe: _____

This camper has seen or is currently seeing a professional to address a diagnosed mental health concern? Yes/No

Please explain: _____

This camper has a recent emotional health concern (loss, change in family, etc.) Yes/No

IF yes, please explain briefly: _____

Other Information: Please provide any additional information about the participant's health, which may not have been discussed on this form. Attach another sheet if necessary with the participant's name and date of birth.