SHERWOOD FOREST

Year: _____

Session: _____

HEALTH FORM

Please complete this Health Form, answering all questions in detail. This information, which is held in confidence, is needed so that we may provide appropriate health care for your child. If any of this information changes prior to your child's arrival at camp, please contact us so we can make the appropriate updates to the form.

Camper's Name ☐ Girl ☐ Boy Date of Birth

Address Camper's Social Security Number

City State Zip

Parent/Guardian Name(s) Relationship

Primary Phone: ( )	☐ Home ☐ Cell ☐ Work	Secondary Phone: ( )	☐ Home ☐ Cell ☐ Work	Other Phone: ( )	☐ Home ☐ Cell ☐ Work

Emergency Contact Information

In case neither of the adults listed above can be reached, please give us the name and phone numbers of **someone else (not a parent or guardian)** who will be available while your child is at camp. Please know that we will always try to contact parents /guardians first. We will only call emergency contacts if we cannot reach a parent/guardian. If the emergency contact person is the caseworker, please list phone number for evenings and weekends. It is not acceptable to only list the daytime telephone number. Please make sure this person is available while your child is at camp and would be able to pick up and take care of your child if he/she needed to return home.

Emergency Contact #1: Relationship to Camper:

Primary Phone: ( )	☐ Home ☐ Cell ☐ Work	Secondary Phone: ( )	☐ Home ☐ Cell ☐ Work	Other Phone: ( )	☐ Home ☐ Cell ☐ Work

Emergency Contact #2: Relationship to Camper:

Primary Phone: ( )	☐ Home ☐ Cell ☐ Work	Secondary Phone: ( )	☐ Home ☐ Cell ☐ Work	Other Phone: ( )	☐ Home ☐ Cell ☐ Work

1. Give the date of the latest immunization for the following. We need the specific date, not just a note that the immunization is current.
   A copy of the child's immunization record can be attached instead of completing this section.

DPT (Diphtheria Pertussis Tetanus)	Polio	Hepatitis A
TD (Tetanus Diphtheria)	Chicken pox	Hepatitis B
MMR (Measles, Mumps, Rubella)	HIB (Haemophilus Influenza B)	FLU

2. Does the camper currently have or has he/she ever had any of the following? Give details and treatment.

☐Yes ☐No ...Dietary Restrictions: ☐ No Pork ☐ No Red Meat ☐ Lactose Intolerant ☐ Vegetarian ☐ Other _____
☐Yes ☐No ...Food Allergies _____
☐Yes ☐No ...Medication Allergies
☐Yes ☐No ...Plant Allergies _____
☐Yes ☐No ...Insect Sting Allergies
☐Yes ☐No ...Animal Allergies _____
☐Yes ☐No ...ADD/ADHD _____
☐Yes ☐No ...Asthma _____
☐Yes ☐No ...Shortness of Breath _____
☐Yes ☐No ...Glasses/Contacts _____
☐Yes ☐No ...Dental – braces or retainer
☐Yes ☐No ...Hearing Problems _____
☐Yes ☐No ...Hypertension _____
☐Yes ☐No ...Emotional/Behavioral Problems
☐Yes ☐No ...Anxiety _____
☐Yes ☐No ...Arthritis _____
☐Yes ☐No ...Thyroid Disease _____
☐Yes ☐No ...Joint/Bone Problems
☐Yes ☐No ...Leg Cramps _____
☐Yes ☐No ...Eating Disorder _____
☐Yes ☐No ...Menstrual Problems _____
☐Yes ☐No ...Venereal Disease/STD
☐Yes ☐No ...Acne/Skin Problems _____
☐Yes ☐No ...Recurring Ear Infections
☐Yes ☐No ...Frequent Sinus Infections
☐Yes ☐No ...Frequent Headaches
☐Yes ☐No ...Seizure Disorder _____
☐Yes ☐No... Bedwetting _____
☐Yes ☐No ...Dizziness/Fainting _____
☐Yes ☐No ...Fatigue _____

☐Yes ☐No ...Ulcer/Acid Reflux _____
☐Yes ☐No ...Colon Problems _____
☐Yes ☐No ...Incontinence _____
☐Yes ☐No ...Frequent Constipation _____
☐Yes ☐No ...Frequent Diarrhea _____
☐Yes ☐No ...Anemia _____
☐Yes ☐No ...Sickle Cell Anemia/Trait _____
☐Yes ☐No ...Tuberculosis _____
☐Yes ☐No ...Chicken Pox _____
☐Yes ☐No ...Pneumonia _____
☐Yes ☐No ...Diabetes _____
☐Yes ☐No ...Hepatitis _____
☐Yes ☐No ...Heart Murmur _____
☐Yes ☐No ...Operations/Hospitalization _____
☐Yes ☐No ...Chronic Illness _____
☐Yes ☐No ...Serious Injury _____
☐Yes ☐No ...Gout _____
☐Yes ☐No ...Other _____

Is there a Family History of (if yes, please list relationship):

☐Yes ☐No ...Heart Disease _____
☐Yes ☐No ...High Blood Pressure _____
☐Yes ☐No ...Stroke _____
☐Yes ☐No ...Cancer _____
☐Yes ☐No ...Glaucoma _____
☐Yes ☐No ...Diabetes _____
☐Yes ☐No ...Epilepsy/Convulsions _____
☐Yes ☐No ...Bleeding Disorder _____
☐Yes ☐No ...Kidney Disease _____
☐Yes ☐No ...Thyroid Disease _____
☐Yes ☐No ...Mental Illness _____
☐Yes ☐No ...Osteoporosis _____

Camper's Name ☐ Girl ☐ Boy Date of Birth

3. Does the camper take any medication on a regular basis? ☐ No ☐ Yes If yes, give details below.

All medications and vitamins should be sent to camp in the ORIGINAL container, adequate in amount for the entire session. Please label all containers with your child's name, place all medications in one zip lock bag, and give it to the staff at the bus stop. Camp is a highly structured environment. All medication MUST be sent to camp, even if not normally taken in the summer.

Medication	Dose	Times when taken	Date started	Illness or problem being treated

4. List any medical equipment/appliances sent to camp: ______
5. Does the camper have any other medical problems? ☐ No ☐ Yes If yes, give details. ______
6. Are there any activities which should be limited or encouraged? ☐ No ☐ Yes If yes, give details. ______
7. Any over the counter medication that should not be given, or any additional comments, concerns, or information you want the nurse to know? ______

______

8. Name of camper's physician: ______ Phone: (____) ______
9. Date of last physical exam: ______ Conducted by: ______
10. Is the camper covered by Medicaid or family medical/hospital insurance? ☐ No ☐ Yes **If yes, a copy of the card must be attached.**

Policy Holder or Responsible Party if camper is not covered by Insurance

Name	Relationship	Date of Birth	
Social Security #	Employer Name And Phone		( )
Driver's License #	Race	Preferred Phone	( )
Address	City	State	Zip

INFORMATION ABOUT HEALTH CARE AT CAMP

Your child's health and safety is one of our most important responsibilities. There is a registered nurse on duty when children are at camp in the summer. We also consult with a medical doctor. Such things as insect bites, headaches, minor poison ivy, upset stomachs, cuts, scrapes, etc., are considered routine medical care. It is our policy to contact parents only if a child experiences illness or injury requiring more than routine medical care. Please remember that your child is our first concern. First, we will seek the necessary treatment; then, we will follow-up with you. Please feel free to contact the Camp Director or Camp Nurse to ask any questions about your child. Sherwood Forest's medical insurance is secondary coverage; if camper requires medical treatment and has medical insurance, the parent will be billed as having primary coverage.

PARENT/GUARDIAN AUTHORIZATION

This health history is correct and accurately reflects the health status of the camper to which it pertains. The person described has permission to participate in all Sherwood Forest activities except as noted by me and/or the examining physician. I give permission to the physician selected by Sherwood Forest to order x-rays, routine tests, and treatment related to the health of my child for both routine healthcare and in emergency situations; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. 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 my child. I understand the information on this form will be shared on a "need to know" basis with Sherwood Forest staff. In addition, Sherwood Forest 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 camp staff about my child's health status. I give permission to photocopy this form.

Parent/Guardian Signature:	Date:
Parent/Guardian Name:	

If the camp must obtain such consent from the agency that has legal guardianship of the camper, please give the agency contact person's name and phone numbers.		
School/Agency/Mentor Contact		
Daytime Phone ( )	Evenings & Weekends ( )	Cell Phone ( )

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ATTENTION MEDICAL PROVIDER:

Sherwood Forest's medical insurance is secondary coverage. If this camper requires medical treatment, please send invoices/statements to:

☐ Camper's family medical insurance ~ **Copy of the insurance card is attached.**

☐ The camper's parent at the address on the reverse of this form ~ **Insurance is indicated but no information is provided.**

☐ Sherwood Forest, 2708 Sutton Blvd., St. Louis, MO 63143-3008, Phone: 314-644-3322, Fax: 314-644-3330