SHERWOOD FOREST

Year: 2020

Session: _____

For Parent/Guardians to Complete

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.

INFORMATION ABOUT HEALTH CARE AT CAMP

Ensuring 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. Things such 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 primary concern. First, we will seek the necessary treatment; then, we will follow-up with you. Feel free to contact the Camp Director, Village Director or Camp Nurse to ask any questions about your child. Sherwood Forest's medical insurance is secondary coverage; if a camper requires medical treatment and has medical insurance, the parent will be billed as having primary coverage.

Camper's Legal Name: Preferred Name: Date of Birth:

Sex at Birth: ☐ Male ☐ Female Gender Identity: ☐ Boy ☐ Girl ☐ Other:

Camper's Height: Camper's Weight

Address: 2019/2020 School Year Grade Level:

City: State: Zip:

Parent/Guardian Name(s): Relationship to Camper:

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

Emergency Contact Information

In case the adult(s) listed above cannot be reached, please provide the name and phone numbers of **someone (not a parent or guardian)** who will be available while your child is at camp. We may call emergency contacts if we cannot reach a parent/guardian. If the emergency contact is the caseworker, please list phone number for evenings and weekends. It is not acceptable to only list the daytime telephone number. **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. By listing someone as an Emergency Contact you are authorizing them to pick your child up from camp.**

Emergency Contact #1: Relationship to Camper:

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

Emergency Contact #2: Relationship to Camper:

Primary Phone: ( ) ☐ Home ☐ Cell ☐ Work Secondary 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. **List any of the following**

Dietary Restrictions	☐ No Pork ☐ No Red Meat ☐ Lactose Intolerant ☐ Vegetarian ☐ Other _____
Food Allergies	☐ Yes ☐ No If yes, please describe:
Medication Allergies	☐ Yes ☐ No If yes, please describe:
Environmental Allergies	☐ Yes ☐ No If yes, please describe:

Camper's Name: _____ Camper's Current Grade:_____

3. Has your child ever been diagnosed with any of the following?

☐ Yes ☐ No ...ADD/ADHD
☐ Yes ☐ No ...Anxiety/Depression
☐ Yes ☐ No ...Dizziness/Fainting/Fatigue
☐ Yes ☐ No ...Asthma/Breathing Problems
☐ Yes ☐ No ...Glasses/Contacts
☐ Yes ☐ No ...Dental – braces or retainer
☐ Yes ☐ No ...Hearing Problems
☐ Yes ☐ No ...Joint/Bone Problems
☐ Yes ☐ No ...Eating Disorder
☐ Yes ☐ No ...Menstrual Problems
☐ Yes ☐ No ...Seizure Disorder
☐ Yes ☐ No ...Bedwetting

☐ Yes ☐ No ...Gastrointestinal Problems
☐ Yes ☐ No ...Anemia
☐ Yes ☐ No ...Sickle Cell Anemia/Trait
☐ Yes ☐ No ...Tuberculosis
☐ Yes ☐ No ...Diabetes
☐ Yes ☐ No ...Hepatitis
☐ Yes ☐ No ...Heart Condition
☐ Yes ☐ No ...Chronic Illness
☐ Yes ☐ No ...Chronic Infection(s)
☐ Yes ☐ No ...Operations/Hospitalization
☐ Yes ☐ No ...Serious Injury
☐ Yes ☐ No ...Other_____

If you marked "Yes", please provide additional details:

_____

_____

_____

4. Has your child ever experienced any of the following?

☐ Yes ☐ No ...Hyperactivity
☐ Yes ☐ No ...Shortness of breath (not related to exercise)
☐ Yes ☐ No ...Difficulty breathing during exercise
☐ Yes ☐ No ...Passed out/had chest pain during exercise
☐ Yes ☐ No ...Problems falling asleep
☐ Yes ☐ No ...Problems staying asleep
☐ Yes ☐ No ...Sleepwalking
☐ Yes ☐ No ...Difficulty waking up
☐ Yes ☐ No ...Nightmares/Night terrors
☐ Yes ☐ No ...Bedwetting

☐ Yes ☐ No ...Headaches/Migraines
☐ Yes ☐ No ...Dizziness/Fatigue
☐ Yes ☐ No ...Recent injury
☐ Yes ☐ No ...If female, started period/menstrual cycle
☐ Yes ☐ No ...Problems associated with period/menstruation
☐ Yes ☐ No ...Irregular eating patterns
☐ Yes ☐ No ...Generalized Anxiety
☐ Yes ☐ No ...Separation Anxiety
☐ Yes ☐ No ...Feeling sad/depressed
☐ Yes ☐ No ...Sudden changes in mood

If you marked "Yes", please provide additional details:

_____

_____

5. Please list any pertinent Family Health History: ☐ N/A

_____

_____

6. Are there any activities which should be limited or encouraged? ☐ No ☐ Yes If yes, give details.

_____

_____

Camper's Name: _____ **Camper's Current Grade:**_____

7. **List any medication camper takes on a regular basis.** ☐ N/A

All medications and vitamins should be sent to camp in the ORIGINAL container, with the adequate 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 and therefore all medication MUST be sent to camp, even if not normally taken in the summer.

Medication	Dose	Times when taken	Date Started	Reason for taking

8. **List any medical equipment/appliances sent to camp:** ☐ N/A

_____

9. **Any over the counter medication that should not be given:** ☐ N/A

_____

Tell Us About Your Camper!

This information will help our staff get to know your child better. Please answer each question honestly. If we have questions about your responses, we will reach out to you to discuss further. All information on this form will be kept confidential.

- Does your child want to come to camp? ☐Yes ☐No
- Does your child have his/her own room at home? ☐Yes ☐No; shares with this many siblings_____
- Does the child use a ritual to fall asleep (e.g., reads, listens to music, watches tv, etc.) ☐Yes ☐No
    - If yes, please describe:_____
- Our campers wake up at 6:45 and go to bed at 9:45. Will your child adjust to this sleep schedule? ☐Yes ☐No
- Does your child have routine chores around his/her home? ☐Yes ☐No
    - If yes, please describe:_____
- What does your child do after school and/or in evenings?

  _____
- How does your child "decompress" following a day at school?

  _____
- Has your child spent at least two overnights away from home with people other than relatives? ☐Yes ☐No
    - When away from home, can your child do this without calling home or needing additional support? ☐Yes ☐No
- Has your child had friends (other than family members) spend the night at their home (i.e. sleepovers)? ☐Yes ☐No
- Our campers are responsible for meeting their own personal needs: they shower themselves, get dressed, eat, select clothes as well as other things. Is your child capable of meeting his/her own personal needs? ☐Yes ☐No
- Our campers are around other people all the time; privacy is rare. How quickly might your child feel overwhelmed by this constant companionship and what behaviors indicate that s/he's feeling that way?

  _____
- Your camper will only be communicating with you by writing letters. If you call camp, you will speak with either your child's Village Director or Camp Director. We do not typically allow campers to speak to their parents on the phone. We do not allow parent/guardians to visit camp while their child is in session. Are you (parent/guardian) ready for your child to be at camp knowing there will be limited communication with you? ☐Yes ☐No

Camper's Name: _____ Camper's Current Grade:_____

Any additional comments, concerns, or information you want the Camper Care Team to know? ☐ N/A

_____

_____

_____

a. Would you like a member of the Camper Care Team to contact you about any of the information listed on the Health Form or concerns you have regarding your child's health at camp? ☐Yes ☐No If yes, give details:

_____

_____

_____

Name of camper's physician: _____

Phone: (_____) _____

Date of last physical exam: _____

Conducted by: _____

Is the camper covered by Medicaid or family medical/hospital insurance? ☐Yes ☐No

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

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 ( )

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆

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

Camper's Name: _____ **Camper's Current Grade:**_____