

Office use:

Camper's Name: _____ Gender _____ Cabin _____ Camp _____

CAMP MENNOSCAH HEALTH FORM (Kansas Range Youth Camp)

Camper Name: _____ DOB: _____

(Since there is no required examination, it is important that the parent/guardian fill this form out carefully and completely. PLEASE BE SURE TO FILL OUT ALL INFORMATION. PLEASE NOTIFY CAMP STAFF OF ANY CHANGES.)

Health History

Camper's Physician: _____

Phone Number: _____

Allergies (please be specific):

Current medical/health problems:

Date of last Tetanus: _____

Date of last physical exam by a physician or health professional: _____

Is camper a vegetarian? Yes ___ No ___

Do you give permission for your child to take over-the-counter medications if necessary? Yes ___ No ___
(i.e. for headaches, upset stomach, or cramps)

Comments: _____

Does this camper have a history of ear irritations/infections? Yes ___ No ___

If necessary, may we administer ear drops to your camper to minimize ear health problems?
Yes ___ No ___

Comments: _____

Are there any activities which need to be monitored/avoided? _____

List all surgeries & dates of camper (if none, state "None"):

Medications (List any prescription or non-prescription medications camper will be bringing to camp. If camper is a diabetic, include insulin/oral hypoglycemic use.)

Name of Medicine	Dosage/amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that I have answered these questions to the best of my knowledge and that _____ is in good physical condition, with no known health problems that would make it unsafe for her/him to engage in routine camping activities. I acknowledge that camping entails known and unanticipated risks which could result in injury, and that such risks cannot simply be eliminated without jeopardizing the essential qualities of the activity. I agree to assume all risks existing in these camping activities. If this camper may not fully participate in camping activities, these are the exceptions: _____

I give permission for the camp nurse or designated staff person to provide treatment if staff deem necessary from the camp's non-prescription First Aid supplies.

In case of emergency, I hereby give permission to the doctor/emergency room selected by Camp Mennoscah to secure proper treatment for my child. I realize that Camp Mennoscah will attempt to contact me if an accident or illness occurs requiring medical treatment by a physician.

Signature of parent/legal guardian

Date form signed