CC Name ______________________ Cabin # _____

NAME:_______________________________________ BIRTHDATE:__________ AGE:_______ HEIGHT: _________ WEIGHT: _________

Last First Middle

CAMPER HEALTH FORM

Camp Cedarbrook™

SOCIAL SECURITY NUMBER: # ____________-__________-____________ GENERAL HEALTH: Good Fair Poor

PARENT/GUARDIAN: ____ HOME PHONE: (_________)____________________

CELL PHONE: (_________)________________________ WORK PHONE: (_________)____________________

HOME ADDRESS: ____

Street and number City State Zip

ADDRESS during camp if different: ____

Street and number City State Zip

If not available in an emergency notify:

1. ____ PHONE: (_________)____________________

2. ____ PHONE: (_________)____________________

Date of last physician's examination: ____________________ By: ____,MD

**If your camper has not had a physical exam within the last two years, or if your camper has any chronic or recurring illness, we strongly recommend clearance by a physician before they attend camp.

MEDICAL HISTORY (check appropriate boxes):

Allergies:

- ☐ Hay fever
- ☐ Ivy poisoning
- ☐ Insect stings
- ☐ Penicillin
- ☐ Medication: ________________
- ☐ Food: ____________________

____

Diseases:

- ☐ Asthma
- ☐ Epilepsy
- ☐ Diabetes
- ☐ Chicken Pox
- ☐ Other: ________________

____

____

Illnesses:

- ☐ Ear infection
- ☐ Sinus or bronchitis
- ☐ Mononucleosis
- ☐ Heart defect/disease
- ☐ High blood pressure
- ☐ Bleeding/clotting disorder
- ☐ Surgery: ________________________________
- ☐ Serious injury: __________________________

History of bed wetting? Yes No

Physical disability? Yes No: If yes, specify: ____

Has camper menstruated? Yes No If no, has she been told about it? Yes NO

Can camper participate in all Activities? Yes No If not, specify: ________________________________

Please attach a copy of up-to-date shot records.

(Texas Law requires a copy of shot records on file for camp admission)

Please attach a copy of your insurance card (front and back).

OVER

NAME: ____ BIRTHDATE: ____________ AGE:_____ HEIGHT: _______ WEIGHT: ________
Last First

Are there any other facts we should know about your camper to help make his/her stay at camp healthy and happy?

MEDICATIONS:

I give permission for my child to receive non-prescription medication from the medical staff of CAMP CEDARBROOK as he/she deems necessary for the following conditions:

Cough/Cold:	Nyquil,	Dimetapp,	Robitussin, cough drops	or generic equivalent	YES	NO
Allergies/Sinusitis:	Sudafed,	Benadryl,		or generic equivalent	YES	NO
Stomach:	antacid,	anti-diarrhea (except Pepto-Bismol),		or generic equivalent	YES	NO
General pain:	Tylenol,	Advil (except Aspirin),	Aleve	or generic equivalent	YES	NO

Please do not give my child any of the following non-prescription medications:

If you are you sending any medication to camp with this camper, list them below:

Name of medication: Dose Time Taken Reason for taking:

____

____

NOTE: ALL medication brought to camp must be listed above. This includes even vitamins or aspirin. To comply with Texas Health Laws all medication **MUST be in its ORIGINAL CONTAINER** with the current label. Please do not send unnecessary or non-prescription medication to camp.

PARENT'S AUTHORIZATION:

To the best of my knowledge, all of the above information (two sided form) is correct, accurate and complete. In the event of any illness, accident or injury, I give permission for CAMP CEDARBROOK to arrange transport for my child to the nearest medical facility for any medical treatment deemed necessary including emergency room care, hospitalization and/or surgery. I authorize LSCC to release information, including health history, about my child to necessary personnel, including camp, hospital, and emergency staff.

____
Signature of Parent/Guardian Date

Does camper have medical insurance? YES NO (If insured, please copy front and back of the card)

If yes, please provide Name of company ______________________________Address of company ______________________________

ID # ______________________________ Phone # (_________)______________________

IN CAMP USE ONLY (circle one)

1. How are you feeling now? Explain ______________________________ GOOD NOT GOOD
2. Have you been sick within the last two weeks? Explain: ______________________________ YES NO
3. Have you been exposed to any contagious diseases within the last two weeks? Explain: ______________________ YES NO
4. Any bruises, lesions, or open wounds VISIBLE? Explain: ______________________________ YES NO