

CC Name \_\_\_\_\_ Cabin # \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
Last First Middle

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.

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 # (\_\_\_\_\_) \_\_\_\_\_

**MEDICAL HISTORY:**

Allergies:

- Hay fever  Poison Ivy
- Insect stings  Penicillin
- Food: \_\_\_\_\_
- Medication: \_\_\_\_\_

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: \_\_\_\_\_

Date of last tetanus shot is: (month/year) \_\_\_\_\_ All immunizations required by school are up to date. (attach copy)  Yes  No

If immunizations are not up to date, I understand and accept the risks to my child from not being fully immunized.  Yes  No

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
Last First

**MENTAL AND EMOTIONAL HEALTH INFORMATION:**

- This camper has been treated for ADD or ADHD.  YES  NO
- Does camper take medication for ADD or ADHD during the school year?  YES  NO
- Will camper be taking this medication during camp?  YES  NO
- This camper has emotional/behavioral concerns that might impact camp participation.  YES  NO
- This camper had/has had a significant life event that continues to affect the camper's life/health  YES  NO

**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: Decongestant, cough drops / syrup or generic equivalent  YES  NO
- Allergies/Sinusitis: Sudafed, Benadryl, or generic equivalent  YES  NO
- Stomach: Tums, anti-diarrhea (except Pepto-Bismol), or generic equivalent  YES  NO
- General pain: Tylenol, Advil, 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 and How administered	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:**

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



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*This form is to be completed by a parent or guardian, although you may want to discuss some of the questions (and your responses) with your child. Please be honest and straightforward, filling in all information that will help your child have a successful summer.*

Name of camper \_\_\_\_\_

In a few weeks, your child will be living in a cabin with other campers the same age. We want to encourage each camper's growth to the fullest. To enable us to best meet the needs of your child please fill out any information below that might help us. **Return it to the camp registrar.** If there is anything confidential which you would not want kept in the camp files, please attach a note.

Has your child been to camp before?  Yes  No

Where? \_\_\_\_\_ When? \_\_\_\_\_

If not, has your child been away from home alone more than two days?  Yes  No

Was your child homesick?  Yes  No

If yes, how was this homesickness expressed and how long did it last?

Describe the family dynamics/siblings/home situation.

Are there any learning, behavioral or anxiety issues?

What responsibilities does your child have at home?

What does your child like to do in his/her free time?

What is your child's approach to establishing relationships with other children (i.e. is s/he outgoing, shy, etc)?

What does your child do when s/he is angry, frustrated or disappointed?

Does your child prefer group  or solitary  activities?

How does your child deal with transitions?

What strategies are helpful in supporting your child through challenging situations?

Sleeping habits: sleepwalking , night terrors , bedwetting , other  \_\_\_\_\_ or none ?

Is your child's appetite good?  Yes  No

Would you describe your child as a fussy eater?  Yes  No

Does your child have any dietary needs?  Yes  No If yes, please explain:

Has your child had a significant life event (e.g. family death, divorce, recent move) that continues to affect his or her life?

Describe your child's spiritual life/relationship with God.

Print name of parent \_\_\_\_\_ Signature of parent \_\_\_\_\_

Dear Parents,

Because we are concerned about the safety and personal well being of each of our campers, we are requiring the attached form for the release of campers at the close of camp. We must have the following form filled out for each child. Send this form prior to camp to the registrar or bring it to camp at the time of registration and give it to the Director. Registration for your child will not be complete and he/she will be unable to stay at camp if we do not have this information. **EVEN IF PARENTS ARE PICKING UP THEIR OWN CHILD, THIS FORM MUST BE COMPLETED AND RETURNED.** If any change occurs after you have given the camp this information please notify the director during camp or the registrar prior to camp.

Following the law, we would also request your permission for camp staff to email your son/daughter. Again this is done to insure your child's safety. Camp staff will not contact your child via electronic means without your permission.

Thank you for your cooperation with these matters.

CAMP CEDARBROOK

You have my permission to email my child at the following email

\_\_\_\_\_

Please do not use email to contact my child.

My child, \_\_\_\_\_ will be riding home with

at the close of camp. Under no circumstances is my child to be released to anyone other than the above designated person(s) without my permission.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent/guardian