



WPAUMC *Camping and Retreat Ministries*
Health History and Medical Information Form for Children, Youth and Adults Attending Camp

Camper's Name _____
 First _____ Last _____
 Event # _____

HEALTH HISTORY

ALLERGIES: List all known. Describe reaction and management of the reaction.

Medication allergies (list) _____

Food allergies (list) _____

Other allergies (list)-include insect stings, hay fever, animal dander, etc.

History of any of the following:

Asthma or any breathing problem Diabetes Ear infections Headaches Seizures

History of homesickness Recent exposure to Head lice

Please note any other medical history you feel will be helpful _____

MEDICATIONS BEING TAKEN

Please list ALL medication (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep ALL medications, both prescription and non-prescription drugs, in their original packaging/containers.**

This person takes **NO** medication on a routine basis.

This person takes medications as follows:

Med # 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med # 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med # 3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Please attach additional pages if more medications are taken.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

List any medications taken during the past six months not currently being taken _____

PHYSICAL/ACTIVITY RESTRICTIONS

The following restrictions apply to this individual _____

Explain physical restrictions due to (hospitalizations, accidents, illness, etc.) _____

Explain activity restrictions (e.g., what cannot be done, what adaptations or limitations are necessary) _____

DIETARY RESTRICTIONS

Does not eat red meat Does not eat pork Does not eat poultry Does not eat eggs Does not eat seafood Does not eat dairy

Other (describe) _____

Are all immunizations up to date Yes No

Has camper been exposed to any contagious diseases in the last 4 weeks Yes No If yes, to what _____

FOR CAMP USE ONLY:

Medical/Observation notes Temp _____ N&V _____ Other _____

INITIALS: _____ SIGNATURE: _____ DATE: _____

Camper's Name _____

Gender: Male Female Birth date _____ Age at camp _____

Home address _____
Street Address City State Zip

Custodial parent/guardian _____ Phone () _____

Home address _____
(if different from above) Street Address City State Zip

Business Name _____ Business/Cell phone () _____

Business Address _____
Street Address City State Zip

Second parent or guardian or emergency contact _____

Address _____ Phone () _____
Street Address City State Zip

Business address _____ Business/Cell phone () _____
Street Address City State Zip

If the above are not available in an emergency, notify _____

Relationship _____ Phone () _____

Address _____
Street Address City State Zip

Family Physician _____ Phone () _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Important – These boxes must be complete for attendance*

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in *loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed Name _____ Date _____

As parent or legal guardian, I accept the conditions stated, including the release of the W PA UMC and Camp Allegheny, Jumonville and/or Wesley Woods from liability in case of accident or illness. I give permission for the applicant's picture in camp activities to be used in brochures, publications and visual presentations promoting the W PA Camping Ministries, Camp Allegheny, Jumonville and/or Wesley Woods.

Signature of parent or guardian or adult camper/staffer _____ Date _____

In case of a very traumatic situation, it is a normal procedure to ask a pastor to assist in supporting campers. Please indicate you preference.

Yes, this is fine _____ No, thank you _____ Other: Please specify _____

**Jumonville Campers: Please mail this form to Jumonville 1 week before your camp event date.
Camp Allegheny & Wesley Woods Campers: Please bring this completed form with you to camp registration.**