

CAMP MARDELA: Health History and Participation Form

Attention Parents: Safety is a very high priority for all of our programs. Please help us by providing the information requested below. If your child has any current or past health conditions that could affect her/his participation, please inform us. Camp Mardela is a nonprofit, faith-based, summer camp and retreat facility. Our program uses a variety of activities that may or may not include team-building activities, fishing, swimming, running, hiking, climbing, camping, canoeing, etc. Since this is a general description only, please refer to accompanying information or camp personnel to find out more about specific activities planned for your campers program. Although some of these activities can be physically demanding, they are designed to be within the capability of any camper who is in reasonably good health.

Camper Name _____ Birth date _____

Age as of camp _____ Gender: Male Female

Address _____

Number/Street or PO Box City State Zip

Home Phone _____ Cell Phone _____ Email _____

EMERGENCY CONTACT INFORMATION (Three different emergency contacts are required with both day and evening telephone numbers)

Emergency Contact #1 _____ Day _____ Evening _____

Name Area Code and Number Area Code and Number

Emergency Contact #2 _____ Day _____ Evening _____

Name Area Code and Number Area Code and Number

Emergency Contact #3 _____ Day _____ Evening _____

Name Area Code and Number Area Code and Number

HEALTH HISTORY

Yes No	Ear infections	Yes No	Heart disease/murmur/other	Yes No	Convulsions/Seizures
Yes No	Diabetes	Yes No	Bleeding/Clotting	Yes No	Hypertension
Yes No	Mononucleosis	Yes No	Learning Differences/Disabilities	Yes No	Bi-polar Disorders
Yes No	ADD/ADHD	Yes No	Depression	Yes No	Eating Disorders
Yes No	Chicken Pox	Yes No	Measles	Yes No	German Measles
Yes No	Mumps	Yes No	Hay Fever	Yes No	Poison Ivy/Oak/Sumac
Yes No	Penicillin Allergy	Yes No	Other Drug Allergies	Yes No	Asthma
Yes No	Stings/Bites (Bees, Insects, Jellyfish, Ticks, Spiders, etc.)				
Yes No	Other (attach explanation)				

Does the camper have allergies? Yes No

Food _____

Does camper have behavioral issues? Yes No

Explain _____

Is the camper a bed-wetter? Yes No

Explain _____

Has camper had any surgeries or serious illnesses? Yes No

Explain _____

Does camper have any disabilities, chronic or recurring illnesses? Yes No

Explain _____

Does camper have any dietary conditions/modifications/restrictions? Yes No

Explain _____

Does camper have other diseases or conditions? Yes No

Explain _____

Please describe any activities that your camper should be exempted from due to health reasons:

MEDICATIONS

Is the camper currently taking any medications? Yes No

If yes, then pages 3 and/or 4 of this form must be completed by a licensed health professional. NO MEDICATION CAN BE GIVEN AT CAMP WITHOUT A COMPLETED FORM. THIS INCLUDES OVER THE COUNTER MEDICATION AND SUPPLEMENTS.

*By law, all prescription medications and over the counter medications must be brought to camp in their **original containers**, with the doctor's instructions. DO NOT pre-dispense, place in daily pill holders, wrap in outer materials, or ask us to dispense by other than doctor's orders. Do not bring expired medications. Medications not in original containers will not be held or dispensed at camp.*

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Family Physician _____ Telephone _____ Date of Last Physical Exam _____

Dentist/Orthodontist _____ Telephone _____ Date of Last Dental Exam _____

Do you carry family medical/hospital insurance? Yes No

If so, indicate Carrier Policy # _____

Please attach a photo copy of the camper's insurance card to this form.

IMMUNIZATION INFORMATION

I, the parent/legal guardian, attest that all immunizations of the above named camper are up to date as required for school attendance. Yes No

Required: Month/Year of last tetanus shot ___/___

State in which the camper resides _____

Is this camper exempt from any immunizations? Yes No

If Yes, List them: _____

RELEASE OF LIABILITY – ACKNOWLEDGMENT OF RISK – AUTHORIZATION FOR TREATMENT I acknowledge that although Mardela's summer program has been carefully designed and operated by well-trained staff, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care, or hospitalization, order x-rays, routine tests, treatment, and necessary transportation for my child to a medical facility as necessary. If I cannot be contacted, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child. I affirm that all the information provided is accurate and complete and I agree to hold Camp Mardela harmless if full disclosure of a pre-existing health condition has not been provided. I release Camp Mardela, staff members and board members from all liability not directly related to the actions of Mardela staff members.

PLEASE NOTE - If a camper arrives at the camp site ill, or becomes ill at camp, the parent or another authorized individual will be notified and a course of action will be determined. Sick campers will be monitored and isolated in the Infirmary under the supervision of the Camp Staff. You will be notified if your child requires outside medical treatment or if he/she spends more than 12 hours in the infirmary. If a camper is injured and requires treatment outside of the camp setting you will be notified immediately.

PUBLICITY: I authorize the use of my / my child's image in Camp Mardela, Inc. publicity.

PARENT: Signature of **parent/guardian** or adult camper/staffer _____ Date _____

I also understand and agree to abide with the restrictions placed on my activities, as well as the rules and regulations of Camp Mardela.

CAMPER: Signature of camper/minor _____ Date _____

**State of Maryland
CAMP MEDICATION FORM**

This form must be completed for all medications brought to camp (Over the Counter and Prescription). No exceptions can be made

MUST BE COMPLETED WITHIN 1 YEAR OF ATTENDANCE!

Campers Name: _____ DOB: _____ Today's Date: _____

Address: _____ City/State: _____ Zip Code: _____

Parent's Signature: _____

NAME OF MEDICATION	DOSAGE @ EACH TIME	Times	ROUTE	PHYSICIAN'S SIGNATURE Please sign for each medication prescribed. Thank you.

PLEASE COPY IF MORE THAN 7 MEDICATIONS ARE TO BE GIVEN

For participants attending a Travel Program:

This participant is able to self-medicate: ____ Yes; ____ No

Physician Signature: _____

Please note any specific instructions regarding the administration of medication(s):

Consent to Administer Over the Counter Medicines

Please review the list of over the counter (OTC) medicines that we keep in our infirmary. These medicines are used when campers have complaints/illnesses for which they have no prescription medications available to them. We request that you check the appropriate box beside each OTC medicine:

YES = It is safe for my child to take this medicine. I approve of my child taking this medicine for the listed complaint.

If "yes," parent's signature

NO = I do not give permission for this medicine to be given to my child.

If "no," parent's signature

In all cases, dosage and frequency of use will strictly adhere to directions on original packaging, according to the age of the camper.

Your consent must be given before any medication is given to your child.

MEDICATIONS	USES	YES	NO
Anbesol Gel / Liquid	Cold sores		
Antacid (Tums)	Acid stomach		
Auro Dri	Swimmers ear		
Benadryl	Allergic reactions, itching, seasonal allergies		
Chloroseptic throat spray	Sore throat		
Cough Drops (Robitussin)	Dry coughs		
Tums	Acid indigestion, heartburn, gas, acid stomach		
Ibuprofen (Motrin)	Swelling, extremity injury (i.e. sprains)		
Ipecac Syrup	Induces vomiting of ingested poisons		
Menthol lozenges (Chloroseptic)	Sore throat		
Pepto Bismol	Upset stomach, diarrhea		
Tetrahydrozoline eye drops	Red, irritated eyes		
Tylenol	Headache, fever		
After Bite	Itching, Insect Bites		
Neosporin Ointment	Cuts		
Bactine Spray	Scrapes or cuts		
Benadryl Spray/cream	Itching		
First Aid Cream	Cuts, scrapes, burns		
Cala Gel	Poison ivy, itching, bug bites		
Insect repellent spray	Prevention of insect bites		
Rhuli	Poison ivy		
Solarcaine	Sunburn		
Sun Screen	Prevention of sunburn		
Tinactin or Lamisil	Athletes Foot/Jock Itch		

Signature of Health Professional: _____ Date: _____