CAMP MARDELA

Camper Health History & Participation Form

Updated March, 2022

Please provide a complete and accurate record of your child's health history. If your child has any current or past health conditions that could affect his/her participation, please inform us below. Please refer to accompanying camp information or camp staff for specific activities planned for your camper's program. Activities are designed to be challenging, but within the capability of any camper who is in good health.

Camper & Parent/Guardian Information

Camper Name _____ Birth Date _____

Age as of camp _____ Sex _____ Date of Form Completion _____

Address _____ Home Phone _____ Cell Phone _____

Parent/Guardian Name(s) _____

Parent/Guardian Address (if different than camper's) _____Email _____

Emergency Contact Information

Contact #1 _____ Day _____ Evening _____

Contact #2 _____ Day _____ Evening _____

Contact #3 _____ Day _____ Evening _____

Health History - Check all that apply

Allergies		**Behavioral/Mental**		**Chronic Illness**		**Illness/Other**	
Animals		ADD/ ADHD		Asthma		Bed Wetting	
Bugs		Anxiety		Bleeding/ Clotting		Chicken Pox	
Drugs		Bipolar Disorders		Convulsions/ Seizures		COVID-19	
Food		Depression		Cancer		Ear Infections	
Material		Eating Disorders		Convulsions/ Seizures		Hay Fever	
Minor/Seasonal		Homesickness		Diabetes		Measles/Mumps	
Plants		Learning Disabilities		Heart Disease		Mononucleosis	
Other		OCD		Hypertension		Surgery	
		PTSD		Inflammatory Bowel		Tick Bites	
		Other		Other		Other	

Please provide explanations for all checked items from the previous page:

Allergies _____

Behavioral/Mental _____

Chronic Illness _____

Illness/Other _____

Please describe any life events that may affect the camper during the camp program

_____

Please describe any activities your camper should be exempted from due to health concerns

_____

Camper Physician & Health Care Information

Family Physician _____ Phone _____ Date of Last Exam _____

Dentist/Orthodontist _____ Phone _____ Date of Last Exam _____

Do you have health insurance? Yes No (If yes) Policy # _____ (attach copy of insurance)

I attest that the camper's immunizations are up to date per school requirements. Yes No

Required - Month & Year of last Tetanus Shot _____/_____ State of Residence _____

Is the camper exempt from any immunizations? Yes No (If yes) List Exemptions _____

Is the camper fully vaccinated for COVID-19? Yes No N/A (If yes) Attach copy of vaccination card

Is the camper currently taking any medications? Yes No (If yes) Complete page 4 of this form

An Important Note - All medications (prescription or over the counter) must be in their original containers with doctor's instructions. Repackaged or expired medications will not be held or dispensed at camp.

Acknowledgement of Risk - Release of Liability - Emergency Communication

I acknowledge that the risk of injury or illness cannot be totally eliminated.. In the event of illness or injury, I give consent to provide First Aid or emergency care as necessary. If I cannot be present or contacted, I give Camp Mardela permission to transport my child to a medical facility and administer x-rays, tests, treatment, or hospitalization as needed. I affirm the information provided is accurate and complete. I agree to hold Camp Mardela harmless if full disclosure of health conditions have not been provided. I release Camp Mardela, staff & board members from all liability not directly related to the actions of Mardela staff. If a camper arrives ill, or becomes ill at camp, the parent/guardian or other authorized individual will be notified and the camper will be monitored and isolated in the infirmary. 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 required treatment outside of the camp setting you will be notified immediately.

Parent/Guardian Signature _____ Date _____

Consent to Administer Over the Counter Medications

Please review the list of over the counter (OTC) medications we keep in our infirmary. These medications are used when campers have no prescription medications available for injuries/illnesses that come up during camp programming. Please check the boxes below to signify permissions of OTC medications that can be dispensed to your camper during camp programming if/when needed.

Medications	Uses	Yes	No	Medications	Uses	Yes	No
After Bite	Insect Bites, Itch			First Aid Cream	Cuts, burns		
Aloe/Solarcaine	Sun Burns			Ibuprofen (Motrin)	Swelling, sprains		
Anbesol	Cold Sores			Ipecac Syrup	Induces vomiting of ingested poisons		
Antacid (Tums)	Acid Stomach, heartburn, gas			Menthol Lozenges (Chloroseptic)	Sore throat		
Auro Dri	Swimmer's Ear			Neosporin	Cuts		
Bactine Spray	Scrapes, cuts			Pepto Bismol	Upset stomach, diarrhea		
Benadryl	Allergies, itching			Rhuli	Poison Ivy		
Bug Spray	Prevents insect bites			Sun Screen	Prevents sunburn		
Cala Gel	Poison ivy, itching, bug bites			Tetrahydrozoline eye drops	Red, irritated eyes		
Chloraseptic Throat Spray	Sore throat			Tinactin/Lamisil	Athlete's Foot/Jock Itch		
Cough Drops	Dry coughs			Tylenol	Headache, fever		

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

YES = I approve that it is safe for my child to take this medication for the listed complaint and may be administered as needed.

Signature _____

NO = I do not approve the use of this medication for my child and I will provide alternative treatment options or assume the risk this refusal to treat may cause.

Signature _____

If "NO" is marked for any or all of the following treatments, please describe alternative treatment options camp staff and health professionals need to take in case of a health emergency.

_____

Signature of Health Professional _____ Date _____

Camp Medication Form

This form must be completed for all medications brought to camp (Prescription & OTC) without exception.

Must be completed within 1 year or attendance

Name of Medication	Dosage	Times	Route	Physicians Signature (prescribed medications)

I certify that the above medications are listed accurately and completely and will be brought in original packaging with physician instructions.

Parent Signature _____ Date _____

For campers attending a travel program: This participant is able to self-medicate. Yes No

Physician Signature _____ Date _____