

CAMP MARDELA: Health History and Participation Form

PLEASE MAIL THIS FORM TO CAMP MARDELA AT LEAST TWO WEEKS PRIOR TO CAMP ATTENDANCE

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 non-profit, 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. **Important Information:** This form **must be updated by your physician** within 6 months of your child's arrival at camp. A physical exam is required within 24 months of your arrival at camp.

Camper Name _____ SSN (optional) _____

Birth date _____ Age as of camp _____ Gender Male Female

Address _____
Number/Street or PO Box City State Zip

Telephone _____
Home: Area Code and Number Work: Area Code and Number Cell: Area Code and Number Email Address

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 Stings/Bites (Bees, Insects, Jellyfish, Ticks, Spiders, etc.)

- Yes No Penicillin
- Yes No Other Drugs
- Yes No Asthma
- 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? Yes No

Explain _____

Is camper currently taking any medications? Yes No *If yes, the 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.

Does camper have other diseases or conditions? Yes No

Explain _____

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 # _____

ADDITIONAL INFORMATION Please attach an explanation of any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive.

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*** DO NOT SEND THIS FORM IN EARLY; BRING IT TO CHECK-IN ON THE FIRST DAY OF CAMP ***

IMMUNIZATION HISTORY: Please record the approximate date (month and year) of most recent booster doses.

Vaccines	Last Booster	Vaccines	Last Booster
Diphtheria/Pertusis/Tetanus DPT		Tetanus/Diphtheria DT	
MMR (Measles, Mumps, Rubella)		Tetanus	
Tuberculin test given (most recent)		Varicella (Chicken Pox)	
Haemophilus Influenza b (HIB)		Polio	
Hepatitis B:		Other	

This section to be completed by a licensed physician

I have examined the above camp applicant within the past two years. Date of examination _____

In my opinion, the campers' conditions does / does not preclude his/her participation in an active camp program.

Height _____ Weight _____ Blood Pressure _____

This applicant is under the care of a physician for the following condition(s) _____

Current treatment(s) and/or medication(s) _____

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Any other condition(s) that camp nurse or staff should be made aware? Yes No

Explain _____

RECOMMENDATIONS AND/OR RESTRICTIONS WHILE AT CAMP:

Any treatment to be continued at camp _____

Will any medication be administered at camp? Pages 3 and/or 4 of this form must be completed for camp staff to administer medications.

This includes prescription medications, over the counter medications and dietary supplements.

Any medically prescribed meal plan or dietary restrictions _____

Additional information or activity restrictions _____

Licensed Physician's Signature _____ Printed Name _____

Address _____ Phone _____

Date Form Completed _____

IMPORTANT NOTE FOR MEDICATIONS 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.

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.

PUBLICITY: I authorize do not authorize use of my / my child's image in Camp Mardela 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 _____

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: _____

Without the consent of your physician we can give only one dose of the above medications.