

Stonewall Farm Vacation Camp

Health History/Emergency Care Form

Mail or fax to: Vacation Camp, Stonewall Farm, 242 Chesterfield Road, Keene, NH 03431 tel: (603)357-7278 fax: (603)357-6018
The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to the camp director upon participant's arrival at camp. Please provide complete information so the camp can be aware of your needs.

Camper Information:

Camper Name _____ Birth Date ____/____/____ Gender _____ Age at camp _____
Home Address _____
City, State, Zip _____ Grade _____

Parent/Guardian Information

1. Parent/Guardian Name _____ Address _____
Work Phone: () _____ Evening Phone: () _____ Cell: () _____
2. Second parent/guardian _____ Address _____
Work Phone: () _____ Evening Phone () _____ Cell: () _____

Emergency Contacts

Please provide *two names* other than parents)

In the event I am unable to be contacted, please contact the persons listed below:

1. Name _____ Phone (day, cell & evening) _____
Relationship to camper _____
2. Name _____ Phone (day, cell & evening) _____
Relationship to camper _____

Insurance & Doctor's Information

Is the camper covered by family medical/hospital insurance? ___Yes ___NO
If so, indicate carrier or plan name _____ Group/policy # _____
Family Doctor _____
Doctor's Address _____ Phone _____

Important - This box must be completed for attendance*

Parent Authorization Statement

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

In the event that I am unable to be reached in an emergency, I hereby authorize the Stonewall Farm staff and/or medical personnel selected by Stonewall Farm to take emergency measures as needed. I understand this may include arranging necessary related transportation, x-rays, routine tests, treatment, and release of records necessary for insurance purposes. The selected physician has my permission to secure and administer treatment, including hospitalization, for my child.

Signature of parent or guardian _____ Date _____

*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Medications Please list all medications (including over the counter or non-prescription drugs) taken routinely. Keep in original packaging/container that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage and frequency of administration. **Both prescription and non-prescription medications must be provided in their original container or they will not be administered.** All medication is distributed by staff members.

Is your child currently taking any medications? ___No ___Yes (Please list. Use additional sheet if necessary.)

Name _____ Name _____

Dosage _____ Dosage _____

Reason for taking _____ Reason for taking _____

Will your child be taking any medication(administering a dosage) while participating in our programs? ___No___Yes

Is your child capable of self-medicating? ___No___Yes (The instructor will hold medication.)

If yes, please discuss with instructor on the first day of camp.

Allergies

List all known

Describe reaction and management of the reacton.

Medication allergies (list)

Food allergies (list)

Other allergies (list)

Restrictions

Does not eat: ___Red meat___Pork___Poultry___Seafood___Dairy Products___Eggs___Other (describe)

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

Medical History

Date of last tetanus shot: _____ ___Don't know

Asthma: ___No___Yes (explain)

Date of last asthma attack _____ Does your child carry an inhaler? _____

Does your child carry an epi-pen? ___No___Yes (explain) _____

Heart/Respiratory problems? ___No___Yes (explain) _____

Epileptic or Other Seizures? ___No___Yes (explain) _____

Other Medical Conditions (including diabetes, psychiatric treatment, recent surgery or major illness):

___No___Yes (explain) _____

Please use this space to provide any additional information about participant's behavior and physical, emotional or mental health about which the camp should be aware. _____
