



Medical History for Campers, Volunteers & Staff

- Campers MUST bring this signed form to camp or the camper will not be allowed to attend camp.**
- In the event of an emergency, the information on this form is crucial.
- Please complete this form accurately and carefully.
- Note that Section 1 is to be completed by the parent or guardian, while **Sections 2-5 MUST be completed by a Health Care Provider.** Both must sign in the spaces provided on the back of the form.

Thank you

PRIVACY NOTIFICATION

Because this form asks for personal information, the Personal Privacy Protection Law requires that you be given this notice.

Information requested on this form is pursuant of Public Health Law 225, §7-28. Information is needed to alert camp administration of special medical needs of the camp population. It will be treated as confidential medical information and will be given to appropriate medical service providers in case of an emergency. This form will be filed under the Environmental Education Camp Record File maintained by the Camp Director of the appropriate camp:

Pack Forest, Warrensburg, NY 12885
Camp Colby, Saranac Lake, NY 12983
Camp DeBruce, Livingston Manor, NY 12758
Camp Rushford, Caneadea, NY 14717

FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN THE CAMPER NOT BEING ALLOWED TO ATTEND CAMP.

1. Identifying / Emergency Information:

Camper Name (Last, First, MI)	Birth Date	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Age at Camp
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Parent / Guardian / Spouse Name (Last, First, MI)	Home Telephone ()
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Alternate Numbers: Parent / Guardian (Last, First, MI)	Work ()	Cell ()	Pager ()
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Home Address:

County:	City:	State:	Zip:
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If NOT available in emergency notification: [Make sure the person(s) named below know you have listed them here.]	Telephone
Name: _____ Relationship: _____	()
Name: _____ Relationship: _____	()

Health Care Provider should furnish the following information.

2. Immunization History: Please check and give date of completion, if current.

<input type="checkbox"/> Tetanus ___/___/___	<input type="checkbox"/> Mumps ___/___/___	<input type="checkbox"/> Polio ___/___/___	<input type="checkbox"/> Measles ___/___/___
<input type="checkbox"/> Rubella ___/___/___	<input type="checkbox"/> DPT Series ___/___/___	<input type="checkbox"/> Hepatitis B ___/___/___	<input type="checkbox"/> Meningitis ___/___/___
<input type="checkbox"/> Chicken Pox (Varicella) ___/___/___	<input type="checkbox"/> Haemophilus Influenza Type b ___/___/___		

3. Health History: Check if current; explain on back as necessary.

Continuing Conditions:	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Glasses	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Loss	
	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Asthma	<input type="checkbox"/> Contacts	

Allergies:	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Medication(s) _____
	<input type="checkbox"/> Environmental _____	_____
	<input type="checkbox"/> Other _____	_____

Childhood Illnesses:	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Rubella	<input type="checkbox"/> Mumps	

IMPORTANT

If the camper is exposed to any communicable disease during the **three weeks prior to camp attendance**, notify the Camp AND the DEC Camps Administrator IMMEDIATELY!!! Contact for camp administration: 518-402-8014.

4. Conditions, restrictions and recommendations relevant to camp life:

Campers are expected to participate in reasonably strenuous activities which may include backpacking, mountain hiking, swimming, canoeing, and running. Consider these when answering the following.

Special Diet:

Swimming:

Strenuous Activity:

Serious Injuries or Operations:

Chronic or Recurring Illness or Conditions:

Other Diseases:

Specific Activities to be Encouraged:

Specific Activities to be Restricted:

5. Medications to be taken at camp:

IMPORTANT
MEDICATIONS MUST BE SUPPLIED IN THEIR ORIGINAL DISPENSING CONTAINER WITH THE ORIGINAL LABEL WITH PRESCRIPTION DOSAGE AND OTHER INSTRUCTIONS ATTACHED.

Medication	Dosage	Medication	Dosage

Permission for the Camp Health Director to administer:

- | | | | | | |
|-------------------------------------|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| Aspirin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pepto Bismol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Non-Aspirin (acetaminophen/Tylenol) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Maalox | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NSAID (ibuprofen/Advil, Motrin) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Imodium | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Benadryl | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Health Care Provider (please print):

Signature:

Date:

Parent/Guardian (please print):

Signature:

Date:

Use the space below to continue answers or for additional information.