

Be sure to copy both sides of this form when making additional copies.

For further explanation of answers, use additional paper as needed and attach to form.

2008 UNITED METHODIST HEALTH HISTORY & TREATMENT AUTHORIZATION

All campers, regardless of health, must MAIL this completed and signed form WITH THE REGISTRATION FORM. The camper will not be admitted to camp or permitted to travel without it. Confidentiality will be honored.

Camper's Name _____ Camp # _____
Birthdate ____/____/____ Social Security # ____ - ____ - _____ Date of camper's last tetanus shot ____/____/____

Camper History: Please check all that apply.

- Chronic infection of throat
- Chronic infection of ears
- Chronic infection of sinus
- Chronic infection of lungs
- Chronic infection of urinary tract
- Fainting
- Nose bleeds
- Cramps
- Heart condition
- High blood pressure
Is it controlled? Yes No
- Diabetes
Is it controlled? Yes No
- Seizure
Is it controlled? Yes No
- Epilepsy
Is it controlled? Yes No
- Sleep Walking
- Asthma or other breathing conditions
- Chronic digestive or gastric complaints
- Bed wetting or bladder control
- Anxiety
- Hyperactivity
- ADD or ADHD
- Violent or aggressive behaviors
Please explain: _____

Please list ALL medications on opposite side of this form.

Please circle yes or no for each of the following:

- Yes No Camper can walk up and down stairs easily
Yes No Camper has been recently exposed to a contagious disease
If yes please identify: _____
Yes No Camper wears glasses or contacts
Yes No Camper wears braces
Yes No Female camper has menstruated
Yes No Female camper has been told about menstruation
Yes No Camper has tubes in the ear. If yes which ear? _____
Yes No Camper has a skin disease.
If yes please identify: _____
Yes No Camper has experienced unusual stress or trauma.
If yes please explain: _____
Yes No Is there a physical, mental, psychological, spiritual or social condition requiring restricted activities or special assistance?
If yes to any please explain: _____

Allergies and Dietary needs

Please list all allergies including those to food, medications and environment. _____

Does camper require a diabetic diet? Yes No

Immunizations: Please give the date of the most recent (month and year if possible.)

_____ Tdap (Tetanus, Diphtheria, Pertussis)	_____ Influenza
_____ HPV (Human Papillomavirus)	_____ Hepatitis A
_____ MCV4 (Meningococcal)	_____ Hepatitis B
_____ PPV (Pneumococcal)	_____ IPV (Poliovirus)
_____ Varicella	_____ MMR

I understand that camp staff need to know pertinent information about the camper's mental and physical health. Therefore, I have disclosed all information that could jeopardize the camper's health and safety or the safety of others. Failure to disclose information could require my child to be sent home from camp.

I give permission to the camp to provide routine health care, administer prescribed and over-the-counter medications and seek emergency medical treatment including ordering x-rays and routine tests. I give permission to the camp to arrange necessary related transportation. I agree to the release of any records necessary for insurance purposes.

In the event I cannot be reached (or cannot respond if an adult camper) in case of an emergency, I give permission to the physician(s) selected by the camp staff to secure and administer proper treatment, including hospitalization, for the above-named person and to release information regarding said medical treatment to camp staff.

Name (print) _____ Signature _____
(parent, legal guardian or adult camper) (parent, legal guardian or adult camper)

Relationship to Camper _____ Date ____/____/____
("parent", "legal guardian", "self")

Family Medical Insurance Company _____ Name of Insured _____

Policy # _____ Group # _____

Physician _____ Phone(_____) _____

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2008 REQUEST TO ADMINISTER MEDICATION

NOTICE TO PARENTS/LEGAL GUARDIANS: When any medication is to be taken at camp, this form must be completed and signed. This includes prescription and non-prescription medications. **Prescription medication must come to camp in the original container from the pharmacy and show the camper's name, the physician or dentist's name, the prescription number, name of medication and dosage. Non-prescription medications must also come to camp in their original containers.** Thank you for your cooperation.

Name of camper: _____

Physician or Dentist: _____

Prescription drugs to be taken (use additional paper as needed and attach to form):

Medication name: _____ **Prescription #:** _____

Time(s) to be given: _____ Dosage: _____

How long has camper taken this medication at this dosage? _____

Medication name: _____ **Prescription #:** _____

Time(s) to be given: _____ Dosage: _____

How long has camper taken this medication at this dosage? _____

Medication name: _____ **Prescription #:** _____

Time(s) to be given: _____ Dosage: _____

How long has camper taken this medication at this dosage? _____

Non-Prescription drugs to be taken (use additional paper as needed and attach to form):

Drug: _____ Time(s) to be given: _____ Dosage: _____

Drug: _____ Time(s) to be given: _____ Dosage: _____

Drug: _____ Time(s) to be given: _____ Dosage: _____

REASON(S) FOR MEDICATION(S): _____

I hereby request that _____ receive the above medication(s) at camp as
(name of camper)

noted and that the nurse or another adult camp leader administer the medication. I understand it is my responsibility to furnish this medication and proper instructions for administering the same. I further understand and agree that on behalf of myself and the above-named person, I do hereby waive and release any action, cause of action or claim of liability for any loss, damages, accident or injury of any kind against the Kansas West Annual Conference and against any nurse or adult camp leader arising from the administration of medication, including, but not limited, to any claim that medication was negligently administered, and I agree to indemnify, protect and hold harmless such persons and the Kansas West Annual Conference from any and all such claims.

Name (print) _____ Signature _____
(parent, legal guardian or adult camper) (parent, legal guardian or adult camper)

Relationship to Camper: _____ Date: ____/____/____
("parent", "legal guardian", "self")