Please print all information and attach a recent photo

Name _____ **Gender**_____ **Date of Birth** _____ **Age at camp** _____**Grade-Sept. 2018**_____

Last **First** **M.I.** **mo/day/yr**

CATHEDRAL CAMP

Health History Form for Campers and Staff

This health form must be completed by parent/guardian of camper and staff if under 18. Staff 18 or older must complete their own form. The information requested is to assist us in identifying appropriate care and/or mandated by the state of Massachusetts. Any changes to the information on this form must be reported to camp health personnel as soon as possible. Please attach any further information to help us assist your camper.

Home address_____

Street/City/State/Zip

Custodial parent/guardian _____ Home Phone _____Cell _____

Home address (if different from above) _____Work _____

Second parent/guardian_____ __Home Phone _____Cell_____

Home address (if different from above) _____Work_____

If parent/guardian is not available in an emergency, notify one of the following:

Name _____ Relationship _____ Home Phone _____ Cell _____

Name _____ Relationship _____ Home Phone _____ Cell _____

MEDICAL INFORMATION

Allergies: List all known allergies to medication, food or other (ex. bee stings, pollen, asthma) and describe reaction and management of reaction.

_____ _____

_____ _____

_____ _____

Restrictions: Explain any restrictions or limitations to activities. _____

Medications: Does this person take medications on a regular basis? □ Yes □ No

If yes:

Med #1 _____ Dosage _____ Time(s) given _____ Reason for taking _____

Med #2 _____ Dosage _____ Time(s) given _____ Reason for taking _____

Is medication to be administered at camp? □ Yes □ No ***(If yes, please complete the "Authorization to Administer Medication" form which can be down loaded from our web site or call the Camp office for a copy.)*** →

Attention, Parents/Guardians: Cathedral Camp complies with CMR 105 430.159(B)(2) as follows: Mildly ill campers are promptly sent to the camp nurse for care and appropriate treatment. Depending on the camper's condition and the time of day, either the parents of such campers are notified to pick up the child or the campers remain under the nurse's care until the end of the camp day. For any camper who requires administration of medication during the camp day, all such medications are to be properly identified with medication name, dosage, and camper's name and left with the camp nurse each morning; the nurse is the only one who can administer medications to campers; parents/guardians must complete the *"Authorization to Administer Medication" form*. In case of the need for emergency health care for any camper, camp staff shall immediately dial 911 and then notify the camp nurse, who will take charge of the situation until emergency responders arrive.

Important – The questions below must be answered for attendance (unless for religious reasons, a legal waiver is signed.)

Questions for Camper/Staffer: **Have you had?** □ **Measles** □ **Chicken pox** □ **German Measles** □ **Mumps** □ **Hepatitis A** □ **Hepatitis B** □ **Hepatitis C**

	Yes	No		Yes	No
Had any recent injury, illness or infectious disease?	□	□			
Have a chronic or recurring illness/condition?	□	□	**Ever had high blood pressure?**	□	□
Ever been hospitalized?	□	□	**Ever been diagnosed with a heart murmur?**	□	□
Ever had surgery?	□	□	**Ever had problems with joints (e.g., knees, ankles)?**	□	□
Have frequent headaches?	□	□	**Have an orthodontic appliance being brought to camp?**	□	□
Ever had a head injury or concussion?	□	□	**Have any skin problems (e.g., itching, rash, acne)?**	□	□
Ever been knocked unconscious?	□	□	**Have diabetes?**	□	□
Wears glasses, contacts or protective eye wear?	□	□	**Have asthma?**	□	□
Ever had frequent ear infections?	□	□	**Had mononucleosis in the past 12 months?**	□	□
Ever passed out or been dizzy during or after exercise?	□	□	**Have history of incontinence—bladder or bowel?**	□	□
Ever been dizzy during or after exercise?	□	□	**Ever had an eating disorder?**	□	□
Ever had seizures?	□	□	**Ever had emotional difficulties needing professional help?**	□	□
Ever had chest pain during or after exercise?	□	□	**Have mental/psychological conditions requiring special consideration?**	□	□

Please explain any "yes" answers: _____

_____

_____

Immunization Information: ***An official copy of camper's physical exam (dated no earlier than August 17, 2016), and a copy of camper's immunization record certified by a physician or school nurse must be attached and sent in with the registration form.***

Name of physician: _____ **Phone:** _____

Name of dentist/orthodontist: _____ **Phone:** _____

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has my permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering X-rays or routine tests, as well as necessary related transportation. I agree to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for field trips.

Signature of parent or guardian or adult staffer _____

Printed name _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of camper or staffer _____ Date _____

Cathedral Camp complies with all regulations of the Massachusetts Department of Public Health and is licensed by the Freetown Board of Health. Upon request, parents/guardians may obtain a copy of Cathedral Camp's medical policies.