

Camper Health Form



Please complete and return this form to camp at least 2 weeks prior to the camper's arrival. The information provided will help us to provide the appropriate care for the camper during his or her time at NaCoMe. Receiving this in advance will allow us to adequately prepare for the specific needs of each camper. The check-in process will also be expedited for those campers that have already turned in this Health Form.

You are also welcome to fill out this form online. Simply return to the online registration website, and locate the Health Form under the "Forms" section of the Dashboard.

If you wish to fill out the paper copy, please return to us at least 2 weeks prior to attendance to one of the following:

Email: program@nacome.org
NaCoMe Camp
Attn: Kayla Schultz, Program Director
3232 Sulphur Creek Road
Pleasantville, TN 37033

Contact Information

Camper Name _____
Last First Middle
Grade Entering in Fall _____ Birthdate _____ Age at Camp _____ Gender: Male Female
Home Address _____
Street City State Zip

Custodial Parent / Guardian _____ Home Phone _____
Home Address _____
(If different than above) Street City State Zip

Cell Phone _____ Business Phone _____

Second Parent / Guardian or Emergency Contact _____
Home Address _____
(If different than above) Street City State Zip

Cell Phone _____ Home Phone _____

If not available in an emergency, notify:

Name _____ Relationship _____
Home Address _____
Street City State Zip

Cell Phone _____ Home Phone _____

Insurance Information

Is the camper covered by family medical / hospital insurance? Yes No
If so, indicate carrier or plan name _____ Carrier Phone # _____
Primary Name _____ Primary DOB _____
Member ID # _____ Group # _____

* A photocopy of the front and back of the health insurance card must be attached to this form.

Health History

The following information must be filled in by the parent / guardian or adult camper. The intent of this information is to provide appropriate care. Please keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon arrival at camp. Please provide complete information so the camp can be aware of the camper's needs.

Name of Family Physician _____ Phone _____
Name of Family Dentist / Orthodontist _____ Phone _____
Name of Medical Specialist _____ Phone _____

Allergies (List all known) Describe reaction and management of the reaction
 Medication, food, and other allergies (including insect stings, hay fever, asthma, ivy poisoning, animal dander, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

Restrictions

Does your child have any dietary restrictions (vegetarian, lactose intolerance, etc.)? Yes No

Please explain if yes: _____

Are there any restrictions to activity (what cannot be done, what adaptations or limitations are necessary)? Yes No

Please explain if yes: _____

Medications

Please list all medications (including over-the-counter and nonprescription drugs) taken routinely or as needed. Bring enough medication to last the entire time at camp. Medications must be brought to camp in the original packaging / bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. All medications, including over-the-counter / nonprescription, must be turned in to the Camp Nurse at registration. Please do not bring multivitamins unless they are needed for medical purposes.

- This camper takes no medications on a routine basis.
- This camper takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages if needed. Please identify any medications taken during the school year that the camper does / may not take during the summer: _____

Does your child have any as-needed medications (inhaler, Epi-Pen, etc.) your camper’s counselor will need to carry with them? Yes No
 Please explain: _____

Over the Counter Medications

The Camp Nurse will have the following medications available for use as needed. Please strike through the medication below if it (or a generic equivalent) **cannot** be administered.

Tylenol	Robitussin	Benadryl	Antihistamine / allergy medicine
Sudafed PE	Aloe	Miralax	Antibiotic cream
Calamine lotion	Pepto-Bismol	Ibuprofen	Sore throat spray / lozenges
Claritin			

General Questions

Which of the following has the camper had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Rheumatic Fever
- TB Mantoux Test (Date of last test: _____)

Result: Positive Negative

Is the camper up to date on the following vaccines?

	Yes	No
DTP	•	•
Varicella (chicken pox).....	•	•
Polio.....	•	•
MMR.....	•	•
or Measles.....	•	•
or Mumps.....	•	•
or Rubella.....	•	•
Haempphilus influenza B..	•	•
Hepatitis B.....	•	•
TD (tetanus / diphtheria)..	•	•

*Date of last Tetanus: _____

(also known as TD, DT, or Dtap)

Has / does the camper:	Yes	No	Yes	No
1. Had any recent injury, illness or infectious disease? • •				
2. Have a chronic or recurring illness/condition?..... • •				
3. Ever been hospitalized?..... • •				
4. Ever had surgery?..... • •				
5. Have frequent headaches?..... • •				
6. Ever had a head injury?..... • •				
7. Ever been knocked unconscious?..... • •				
8. Wear glasses, contacts or protective eyewear?..... • •				
9. Had frequent ear infections? • •				
10. Ever passed out during or after exercise? • •				
11. Ever been dizzy during or after exercise? • •				
12. Ever had seizures? • •				
13. Ever had chest pain during or after exercise? • •				
14. Ever had high blood pressure? • •				
15. Ever been diagnosed with a heart murmur? • •				
16. Ever had back problems? • •				
17. Ever had problems with joints (knees, ankles)?.. • •				
			18. Have an orthodontic appliance being brought to camp?..... • •	
			19. Have any skin problems (e.g. itching, rash, acne)?.... • •	
			20. Have diabetes?..... • •	
			21. Have asthma?..... • •	
			22. Had mononucleosis (mono) in the past 12 months?... • •	
			23. Had problems with diarrhea/constipation?..... • •	
			24. Have problems with sleepwalking?..... • •	
			25. If female, has she menstruated?..... • •	
			a) If no, has she been told about it with instructions?... • •	
			b) If yes, does she have an abnormal menstrual history?..... • •	
			26. Have a history of bedwetting?..... • •	
			27. Ever had an eating disorder?..... • •	
			28. Ever had emotional difficulties for which professional help was sought?..... • •	
			29. Ever had problems with homesickness?..... • •	

Please explain any "yes" answers, noting the number of the questions. Please include dates where applicable.

Is there anything else we should know about the camper's behavior and / or physical, emotional, or mental health? (Your camper's cabin counselor will be able to see any notes you list here on check-in day. They will have access to this shortly before your arrival.)

Parent / Guardian Authorization

This 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. I have provided any written instructions necessary for the medical personnel on this health form.

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp and for doctor and emergency room use.

I give permission for the medical staff to provide treatment in the infirmary for accidents or illness according to policies and procedures of the camp. I understand that my designee or I must be available to pick up my camper during their time at camp should a medical or behavioral problem arise. Parents will be contacted if the camper has an illness or accident that is of concern to the Camp Nurse and Director or in the event that a trip to Urgent Care, an emergency room, or other off site medical attention is necessary. In the event that the parents cannot be reached, the Camp Nurse or Director will try to reach an Emergency Contact Person.

Signature of Parent / Guardian or Adult Participant _____
 Printed Name _____ Date _____

Don't forget to return this form, along with a copy of the camper's health insurance card, to the Camp Office.
 Please contact us at 931.729.9723 or program@nacome.org if you have any questions.
 We look forward to seeing you this summer!