

Jameson Ranch Health Form

This form should be filled out by parents / guardians of minors or by staff person within 4 weeks of the applicants stay at camp.
Please bring this form when you come to camp.
Please attach a copy of your health insurance card to the back of this form.

Name _____ Birth Date _____ Sex ____ Age ____

Parent / Guardian _____

Home Address _____ Home Phone _____

_____ Cell Phone _____

Business Address _____ Work Phone _____

Second Parent Or Guardian _____

Home Address _____ Home Phone _____

_____ Cell Phone _____

Business Address _____ Work Phone _____

Emergency Contact (if parents are not available) _____ Relationship (to camper / staff person) _____

Address _____ Home Phone _____

_____ Cell Phone _____

HEALTH HISTORY

(Check. give approximate dates)

- _____ Frequent Ear Infection
- _____ Heart Defect / Disease
- _____ Convulsions / Epilepsy
- _____ Diabetes
- _____ Bleeding / Clotting Disorders
- _____ Hypertension
- _____ Mononucleosis
- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps

Allergies (dates not needed)

- _____ Hay Fever
- _____ Poison Oak, etc.
- _____ Insect Stings
- _____ Penicillin
- _____ Other Drugs
- _____ Food Or Other (Specify)

Operations or serious injuries (Dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Name of dentist / orthodontist _____ Phone _____

Name of family physician _____ Phone _____

Family health insurance carrier _____

Policy and / or Group # _____

Carrier address _____

Name of person with insurance _____

Concerns or suggestions on health related information for camp personnel:

For Female:

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____

HEALTH EXAMINATION BY LICENCED PHYSICIAN:

I have examined the applicant _____ Date examined: _____

In my opinion, the applicant may _____ may not _____ participate in an active camp program.

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following condition (s): _____

Current treatment: _____

Explanation of any reported loss of consciousness, convulsions or concussions: _____

Does the applicant currently have any communicable disease? Yes _____ No _____

If Yes, What? _____

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP:

Any treatment to be continued at camp (Please list medications on the medication form): _____

Any medically prescribed meal plan or dietary restriction: _____

Any allergies (food, drugs, plants, insects, etc)? List levels of severity : _____

Activities to be encouraged or limited: _____

Additional Health information _____

Licensed Physician's Signature _____ **Phone** _____

Physician's Name (please print) _____

Address _____

Date of form completion _____ By _____

EMERGENCY AUTHORIZATION:

I hereby give permission to the medical personnel selected by the camp director to order X - rays, routine tests and 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. I hereby give permission to the medi staff at camp to occasionally use child-safe, over-the-counter medications and vitamins. This health history is correct, far as I know, and the person described herein has permission to engage in all camp activities except as noted.

Signature of parent or guardian or staff person _____ **Date** _____

PHOTO RELEASE I hereby give consent to Jameson Ranch Camp to use, for promotion, any photograph or video my child taken during camp.

Signature of parent _____

I understand and agree to abide with the restrictions placed on my camp activities.

