

Health History Form

for all persons attending camp

Return with registration form.

WLD Ranch

7351 Woolsey Rd.

Girard, PA 16417

Dates attending camp: _____

The information on this form is used to provide the best possible care for each individual and does not determine eligibility for attending camp. Please provide complete and detailed information to help us as we prepare for your camper's needs. If any changes occur in this information, please notify the nurse when you arrive for check-in.

Camper Information:

Full Name: _____

Birth date: _____ Gender: Male Female

Age: _____ Social Security #: _____

Full home address: _____

Parent or Guardian Information:

Parent/Guardian: _____

Phone: _____

Home address (if different from above): _____

Emergency contact person: _____

Relationship to camper: _____

Phone: _____

Home address: _____

Insurance Information:

Name of insurance: _____

Name of policy holder: _____

Group# _____ ID #: _____

Relationship to camper: _____

Allergies: (List all known allergies and describe the allergic reaction and treatment.)

Allergies to Medications: _____

Allergies to Foods: _____

Other Allergies: Include insects, animals, asthma, dust, hay fever, etc. _____

For additional information, please enclose a separate piece of paper.

Has the individual had all of the immunizations required for the public school system? Yes No

★PLEASE COMPLETE BOTH SIDES★

Office use only: Screening Record:

Initials:

Medications:

This individual takes NO medications regularly.

This individual regularly takes medications. (*On a separate paper, attach a detailed explanation for all medications taken regularly, including non-prescription medicine. For each medication, include the medication name, the dosage amount and times the dosage is given each day, and the reason for the medication. Also include the name of the physician.*) Please bring enough medication to last the entire week of camp. Keep the medication in the original packaging and bring an updated explanation of each medication to registration.

This individual takes the following medications ONLY during the school year (not during the summer):

General Questions (Check any that apply and explain below.)

- Experienced dizziness or passing out during exercise
- Experienced chest pain during or after exercise
- Recurring problems with diarrhea/constipation
- Emotional difficulties requiring professional help
- Recent injury, illness, infections disease
- Orthodontic appliance
- Glasses, contacts, or protective eye wear
- High blood pressure
- (Females) Abnormal menstrual history
- Heart murmur
- Experienced being knocked unconscious
- Joint problems
- Mononucleosis in the past 12 months
- Back problems
- Chronic or recurring illness/condition
- Frequent headaches
- Surgery/hospitalization
- Eating disorder
- Skin problems (itching, rash, acne, etc.)
- Head injury
- Frequent ear infections
- Seizures
- History of bed-wetting
- Diabetes
- History of sleepwalking
- Asthma

Provide any additional information about the individual's behavior and physical, emotional, or mental health that will help the WLD Ranch staff to provide the best possible care for the individual (include restrictions or adaptations).

I, the **parent/guardian**, assure that this health history is complete and correct to the best of my understanding. The individual attending camp has my permission to participate in all camp activities unless otherwise noted. I also grant permission for the above named child to be treated if any medical emergency arises. In granting this permission, I accept all moral, legal, and other responsibility for the above named child; and in so doing, I relieve the WLD Ranch and its employees from all responsibility other than that of proper adult supervision.

Parent/Guardian or Adult Staff Member

Signature: _____

Printed Name: _____ Date: _____

I, the **individual attending camp**, understand and agree to abide by any restrictions placed on my participation in camp activities.

Camper Signature: _____

Printed Name: _____ Date: _____