

Health History Form
for all persons attending camp
Return with registration form.

Please do not print this page on
the back of the registration form.
Thank you.

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: _____ Male Female Age: _____

Full home address: _____ Birth date: _____

Parent or Guardian Information:

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Home address (IF DIFFERENT FROM CAMPER): _____

Additional emergency contact person (if we can't reach the parents/guardians): _____

Relationship to camper: _____ Phone: _____

Insurance Information:

Name of insurance: _____ Group# _____ ID #: _____

Name of policy holder: _____ Relationship to camper: _____

Allergies (List all known allergies to medications, food, insects, animals, dust, hay fever, etc.)

Describe the allergic reaction and typical treatment: _____

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

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.*) Please bring enough medication to last the entire week of camp.
- This individual takes the following medications ONLY during the school year (not during the summer): _____

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

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

Parent/Guardian (or Camper/Staff Person over 18 years old) Signature

I 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 (or myself) 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 (or for myself); and in so doing, I relieve the WLD Ranch and its employees from all responsibility other than that of proper adult supervision.

Signature: _____ Printed Name: _____ Date: _____