HEALTH & MEDICAL INFORMATION

PLEASE ACCURATELY COMPLETE THIS FORM

All medical information will be kept confidential. Signing below gives permission to transmit this information electronically.

NAME: ____ HEIGHT: __________Feet __________Inches WEIGHT: __________lbs

MEDICAL CONDITIONS

Check all that apply

☐ Heart/Circulatory	☐ Anxiety/Depression	☐ Recent Surgeries/Injuries (explain below)
☐ Difficulty Breathing with Exercise	☐ Muscular/Skeletal Conditions	☐ Seizures/Neurological/Fainting
☐ Diabetes/Blood Sugar Concerns	☐ Kidney/Urinary	☐ Thyroid
☐ Vision/Hearing/Oral (requiring attention)	☐ Sleep Disorders, Sleepwalking/Night Terrors	☐ High Blood Pressure
☐ Physical Equipment, Knee/Ankle Braces, Crutches/Walker/Wheelchair	☐ Learning Disability	☐ ADD/ADHD
☐ Abdominal/Digestive Disorder	☐ Behavioral Concerns	☐ Other: Any Medical Concern Not Listed
	☐Lung/Respiratory Asthma	

CURRENT MEDICAL INFORMATION

Check and describe all that apply

▢	**Allergic Reactions** *All prescribed epi pens should be brought to camp.*	**Reactions and Severity.** ☐ Hay Fever/Plant Allergy ☐ Latex/Tape/Adhesive Allergy ☐ Insect Allergy ☐ Environments, ie metal/aerosols	**Explanation:**
▢	**Asthma** *All inhalers should be brought to camp.*	**Severity** ☐ Exercise Only ☐ Uses an inhaler occasionally ☐ Uses inhaler and medication regularly ☐ Currently under a physician's care	**Explanation:**
▢	**Dietary Allergies**	**Restrictions** ☐ Gluten Free ☐ Dairy Free ☐ Nut Free ☐ Other (please specify)	**Explanation:**
▢	**Required Daily Medications**	List of Medications along with dose and administration. *All medications will be submitted in original containers to the camp nurse at the precamp health screening.*	

OVER-THE-COUNTER MEDICATIONS

The camp nurse has some medication on-hand for minor ailments. If there is a medication listed that you **DO NOT** want your daughter/son to receive, please checkbox:

☐ Ibuprofen/Motrin Advil ☐ Tylenol (Acetaminophen) ☐ Excedrin (Tylenol & Caffeine) ☐ Antihistamine (claritin, zyrtec, diphenhydramine) ☐ Decongestant (sudaphed, Mucinex) ☐ Antacid

This medical history is correct to the best of my knowledge, and the person described herein has my permission to engage in ALL camp activities except as noted in the online form. I understand that I may be required to pick up my daughter/son from camp if she becomes ill.

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Print Name Signature of Parent or Guardian Date

IMMUNIZATION RECORD

NAME: ______________________________ WARD: ______________________

Laws and Regulations Relating to Organized Camps

"30750 Health Supervision"

(a) Every camper and each staff member entering camp shall furnish a health history of his or her health status that is completed and signed by the individual camper or staff member, or by the parent or guardian if the camper or staff member is under the age of 18. This history shall be kept on site as long as the camper or staff member is at camp and shall include the following:

(1) A description of any health condition requiring medication, treatment, special restrictions or consideration while at camp.

(2) A record of immunizations including date of last tetanus shot.

(3) A record of any allergies.

ALL campers and volunteers should have an up-to-date tetanus booster. Please indicate the last date for your tetanus booster here:	**Date of Last Tetanus Booster**

Indicate YES/NO as to whether the camper is immunized. If the camper has had the disease, please indicate. Provide date of immunization or illness. -**OR- PLEASE ATTACH UP-TO-DATE IMMUNIZATION RECORDS.**

YES	NO	HAD DISEASE	IMMUNIZATION	DATE(S)
			Pertussis (DTaP)	
			Diphtheria (DTaP)	
			Measles/Mumps/Rubella (MMR)	
			Polio (DTaP)	
			Chicken Pox (Varicella)	
			Hepatitis A (HAV)	
			Hepatitis B (HBV)	
			Meningitis (Meningococcal)	
			Influenza	
			COVID-19 (latest shot or booster)	
			Other (i.e. HIB)	

TREASURE MOUNTAIN CAMP IMMUNIZATION RECORD WAIVER AND RELEASE OF LIABILITY

Rather than complying with the State's Law and Regulations, I am refusing to provide immunization information for the following reason(s):

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Print Name — Signature of Parent or Guardian — Date