

Monmouth All-Sports Camp **HEALTH FORM** 2007

Use black pen. Duplicate and mail 2 copies with application. Physician verification NOT required.

SIGNED MEDICATION PERMISSION FORM (ATTACHED) MUST BE COMPLETED AND RETURNED WITH THIS HEALTH FORM

RETURN WITH APPLICATION TO: Monmouth All-Sports Camp, Stockdale Center, 700 East Broadway, Monmouth, IL 61462

My camper is (check one): _____ Overnight _____ Day Camper

Name _____ Birthdate _____ Age _____ Sex _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Home Phone (_____) _____ Cell Phone (_____) _____

Mother's Name _____ Work Phone (_____) _____

Father's Name _____ Work Phone (_____) _____

Please list two emergency contacts, other than those listed above. Parents will ALWAYS be tried first.

Name/Relation _____ / _____ Phone (_____) _____

Name/Relation _____ / _____ Phone (_____) _____

HEALTH HISTORY Please check all that apply ___ ear plugs ___ ear molds ___ knee brace ___ safety glasses ___ dental retainer (non-permanent)

ASTHMA

- No Yes. If "yes," complete following asthma section
- Yes • Camper needs to carry fanny pack with inhaler for use during activities. **Please provide fanny pack.**
- Yes • Nebulizer to be kept in health care office for nurse administration, if necessary.
Camper have no access to residence halls during the day
- Yes • Camper takes medications to control symptoms. List medications on attached medical permission form.
- Yes • No current intervention necessary

DIABETES

- No Yes. If "yes," complete following diabetes section
- Yes • Camper needs to carry fanny pack with **all** necessary supplies
- Camper must be **completely** independent and able to care for self

ALLERGIES

- No Yes. If "yes", check and complete specifications for all applicable allergies in following allergy section
- Yes To medication? Please specify: _____
- Yes To food? Please specify: _____
- Yes Seasonal? Please specify: _____
- Yes Insect/bees? Please specify: _____
- Yes Carries Epi-Pen* (**Please provide fanny pack with Epi-Pen**)

*For severe allergies requiring Epi-Pen, camper must carry fanny pack with Epi-Pen and be able to self-administer.

Other Pertinent Health Information: (i.e. special diet, chronic/recurring illness, operations/injuries we should know about)

Attach additional information, if necessary: _____

Health Insurance Co. _____ Policy No. _____ Group No. _____

Policy Holder _____ (Employer) _____

Health Insurance Co. Phone# _____ Policy Plan _____

Health Insurance Co. Address _____

Parent/Guardian Authorization: This health history is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted by me.

Parent/Guardian Signature _____ Date _____