

Camp Benedict 2023

Health History and Examination Form

NOTE Camp's Fax number is new this year.

Fax documents to 612.315.1142

OR email rob@campbenedict.org

COVID-19 NOTE: COVID-19 Vaccination (the first two doses minimum) is required to attend Camp.

If you plan on being vaccinated for COVID-19 after completing this form, you will need to provide your vaccination card prior two weeks before attending camp. Note this in the vaccination section.

The health history sections must be filled out by parents/guardians of minors or by adults themselves. The health exam section on the back page must be completed by approved licensed medical personnel; the information recorded must be current.

Health History (to be completed by camper, parent/guardian)

Camper Information

Name _____ Gender: M ___ F ___ T ___

DOB (mm/dd/yyyy) _____

Address _____

City/State/Zip _____

Parent/Guardian Information if under 18 years of age

Name _____

Address _____

City/State/Zip _____

Phone _____

Insurance Information

Health Insurance Company _____

Group or policy # _____

****Attach a photocopy of front and back of insurance card to this form****

Health Care Providers:

Primary Care Provider:(MD, NP, and/or PA)

Address: _____

Phone: _____

Dentist:

Address: _____

Phone: _____

Emergency Contact Information:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Medications:

Medications must be in the original container or in a medication box labeled with the camper's name and sealed in a zip-lock bag. Upon arrival, all medications will be turned in to the camp nurse for the safety of all campers on site. Medications will be administered by the camp nurse. Dispensing hours are posted in the mess hall. Medication boxes and pill containers will be returned to each camper following breakfast on the last day of camp.

Name: _____ authorize
Camp Benedict staff to seek emergency transportation and medical treatment, if necessary, on my behalf. I agree to release any records necessary for treatment, referral, billing, or insurance purposes.

I release Camp Benedict staff and its affiliates from any and all liability while participating in camp or any voluntary camp activities.

Signature of parent/guardian or adult camper/staffer

Printed Name _____

Signature _____ Date _____

Relationship to camper: Self _____ Other: _____

Immunizations: (may attach printed list)

Please give all dates (MM/YY) of immunization for

Tetanus (TD/ TDaP) _____

Polio _____

MMR _____

Hepatitis B _____

Varicella (chicken pox) _____

Hemophilus influenza B _____

Date of most recent TB Test _____ Result _____

If positive, list dates of treatment: _____

COVID19: Dates of Vaccinations: 1st Dose _____ 2nd Dose _____

Booster _____

Indicate which of the following the camper has had.

- _____ Measles
- _____ German measles
- _____ Mumps
- _____ Chickenpox
- _____ Hepatitis A
- _____ Hepatitis B
- _____ Hepatitis C

Has/does the participant:

Yes No

Recent injury, illness or hospitalization, or surgery? _____

Chronic health problem? _____

Frequent headaches? _____

Head injury or loss of consciousness? _____
 Wear glasses, contacts, or protective eyewear? _____
 Frequent ear infections? _____
 Seizures? _____
 High blood pressure? _____
 Heart attack ? _____
 Have diabetes? _____
 Have asthma? _____
 Had mononucleosis in the past 12 months? _____
 Depression? _____
 Bipolar? _____
 Schizophrenia? _____
 Drug Dependence? _____
 Alcohol Dependence? _____
 Joint problems? _____

Please explain any “yes” responses to the above questions:

Vital Signs: BP _____ P _____ R _____ O2

Sats _____

Weight: _____

Height: _____

Dietary restrictions:

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___ Additional information for the health care staff at the camp:

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I examined this individual on _____.

(American Camping Association accreditation requirements specify exams within 24 months of camp attendance.)

Signature of Licensed Medical Personnel

Printed _____

Title _____

Address

Phone _____ Date _____

Additional information we may need to know: