MA-HE-TU

Registrar: (631) 351 - 1657
Email: info@mahetu.org
Website: www.mahetu.org

Form 1: Camper Health History

(To be completed by Parent or Guardian)

Camper Information:

Camper Name: ______________________________
(Last Name) (First Name) (Middle Initial)

Camper Address: ______________________________
(Street) (City/Town) (State) (Zip Code)

Date of Birth: ______________ Age: __________ Gender: ______________
(MM/DD/YY)

Parent(s)/Guardian(s) with legal custody to contact in case of illness or injury:

(1) Name: ______________________________ Relationship: ______________
(Last Name) (First Name)

Address: ______________________________

Phone: ______________ Cell: ______________ Email: ______________

(2) Name: ______________________________ Relationship: ______________
(Last Name) (First Name)

Phone: ______________ Cell: ______________ Email: ______________

Emergency Contact:

(3) Name: ______________________________ Relationship: ______________
(Last Name) (First Name)

Phone: ______________ Cell: ______________ Email: ______________

Camper's Health Care Providers

(1) Pediatrician/Primary Care Provider
Name: ______________________________ Phone: ______________

(2) Dentist
Name: ______________________________ Phone: ______________

(3) Orthodontist
Name: ______________________________ Phone: ______________

Medical Insurance Information

This camper is covered by family medical/hospital insurance: ☐ Yes ☐ No

Include a copy *of your insurance card; copy* ***both sides*** *of the card so information is legible*

Insurance Company: ______________ Grp/Policy#: ______________

Subscriber: ______________ Ins. Co Phone #: ______________

Form 1 –
Camper Health History
To be completed by Parent/Guardian

Camper Name: ______________________________ Date of Birth: __________
(Last Name) (First Name) (Middle Initial) (MM/DD/YY)

General Health History:

Check "Yes" or "No for each statement. Explain "Yes" answers below.

Within the last 12 months has the camper:

1. Been hospitalized/had surgery? ☐ Yes ☐ No
2. Have recurrent/chronic Illnesses? ☐ Yes ☐ No
3. Had a recent infectious disease? ☐ Yes ☐ No
4. Had a recent injury? ☐ Yes ☐ No
5. Had asthma/wheezing/ shortness of breath? ☐ Yes ☐ No
6. Have diabetes? ☐ Yes ☐ No
7. Had epilepsy/seizures? ☐ Yes ☐ No
8. Had headaches/migraines? ☐ Yes ☐ No
9. Wear glasses, contacts, or protective eyewear? ☐ Yes ☐ No
10. Had fainting/dizziness/vertigo? ☐ Yes ☐ No
11. Had a concussion? ☐ Yes ☐ No
12. Chest pain during exercise? ☐ Yes ☐ No
13. Had back/joint problems? ☐ Yes ☐ No
14. Had history of fractures/sprains? ☐ Yes ☐ No
15. Had mononucleosis/mono? ☐ Yes ☐ No
16. If female, have problems with periods/menstruation? ☐ Yes ☐ No
17. Have difficulty sleeping/sleepwalking? ☐ Yes ☐ No
18. Have history of bedwetting? ☐ Yes ☐ No
19. Have problems with diarrhea/constipation? ☐ Yes ☐ No
20. Had skin sensitivities/eczema/psoriasis? ☐ Yes ☐ No
21. Traveled outside the country? ☐ Yes ☐ No

Please explain the "Yes" answers on the space below. For Travel outside the country, please name the countries visited and dates of travel:

Mental, Emotional, and Social Health:

Check "Yes" or "No for each statement. Explain "Yes" answers below.

Has the camper:

22. Been treated for Attention Deficit Disorder (ADD)/Attention Deficit-Hyperactivity Disorder (ADHD)? ☐ Yes ☐ No
23. Been treated for Anxiety, Depression, Bipolar disorder, or emotional or behavioral difficulties? ☐ Yes ☐ No
24. Been treated for an eating disorder (Anorexia, Bulimia, etc)? ☐ Yes ☐ No
25. During the past 12 months, seen a professional to address mental/emotional health concerns? ☐ Yes ☐ No
26. Had a significant life event that continues to affect the camper's life? (History of abuse, trauma, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc) ☐ Yes ☐ No

Please explain the "Yes" answers on the space below:

Diet/Nutrition:

Information to be provided to the camp Kitchen Staff

☐ No Diet Restrictions ☐ Vegan ☐ Lactose Intolerant
☐ Vegetarian ☐ Gluten Free ☐ Other (Specify):

Form 1 – Camper Health History To be completed by Parent/Guardian	Camper Name: ______	Date of Birth: ______
	(Last Name) (First Name) (Middle Initial)	(MM/DD/YY)

What Have We Forgotten to Ask?

Please provide in the space below any additional information about the camper's Physical, Emotional, and Mental health that may affect the camper's ability to fully participate in the camp program.

Attestations:

Medications:

I confirm that it is my responsibility as parent/guardian to submit all medications (prescribed and over the counter), supplements, vitamins, and ointments to the camp nurse at check-in, and that it will be accompanied by a written order from a Licensed Medical Professional (MD, NP or PA) to be dispensed by the camp nurse to the camper for the duration of the program. I understand that any medications (prescribed and over the counter), supplements, vitamins, and ointments found in the possession of a camper, is subject to confiscation. I attest that my inability to provide appropriate documentation by a Licensed Medical Professional may result in the delay of the medication administration, of which the camp nurse and staff will not be held accountable.

Restrictions (Please choose ONE of the following):

- ☐ I have reviewed the program and activities of the camp and feel the camper can participate in camp activities **WITHOUT** restrictions.
- ☐ I have reviewed the program and activities of the camp and feel the camp the camper can participate in camp activities with the following restrictions (Please specify below or with an attachment):

______	______	______
Parent/Guardian Signature	(Month/Day/Year)	Relationship

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains, and that no information is being withheld. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the Licensed Medical Professional selected by the camp to order x-rays, routine tests, and treatment related to the health of the camper for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the Licensed Medical Professional to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this camper. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of the camper's health record from providers who treat my camper, and these providers may talk with the program's staff about my camper's health status.

______	______	______
Parent/Guardian Signature	(Month/Day/Year)	Relationship