



## Women in the Woods - Health History for Children (under 18 years old)

### 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)

### Primary Parent/Guardian:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last Name) (First Name)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Adult Guardian Participant present during Women in the Woods (if different than above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last Name) (First Name)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Additional Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Last Name) (First Name)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Health Conditions:

Please describe any current health conditions, such as asthma, chronic illness, special circumstance, and any routine medications that we should know about.

None  Yes, as explained:

### Diet/Nutrition:

Information to be provided to the camp Kitchen Staff

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

**WIW - Child Camper  
Health History**

Camper Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Date of Birth: \_\_\_\_\_  
(MM/DD/YY)

**Allergies:**

- No Known Allergies
- Food (Specify):
- Medications (Specify):
- Environment (specify):
- Other (Specify):

*If allergy noted, describe previous reactions. (Submit Emergency Action Plan, if applicable)*

Does this camper require an EpiPen?  Yes  No

If Yes:  EpiPen (0.3mg/0.3ml) IM  EpiPen Jr (0.15mg/0.15ml) IM

**Immunizations:**

Date of your most recent tetanus shot: \_\_\_\_\_  
(mm/yy)

Date of your most recent MMR (measles, mumps, rubella) vaccine: \_\_\_\_\_  
(mm/yy)

**COVID-19 Vaccination Status:**

Documentation of COVID-19 vaccination must be submitted with this form. Pending NYS DOH guidelines, any attendee without the COVID-19 vaccination may be subject to testing or may not be permitted to attend camp.

- Fully vaccinated (2 Moderna/Pfizer or 1 J&J)
- Vaccinated with 1+ booster
- Not vaccinated
- Not eligible for vaccination (under 5 y.o.)

**Things to Know:**

Things you should know about health services while you are at camp:

- a. During your stay, a camp nurse will be onsite and available to help with health needs.
- b. Adult guardian participants are responsible for administering and managing medications for the minor camper identified on this form; please bring what you anticipate needing.
- c. There are health care services available in the local area.

**Parent/Guardian Authorization:**

The above information is correct, and the child described has permission to participate in all camp activities except as noted on this form. I have read the information both on this form and in the Women in the Woods manual. I understand that the camper's health information will be shared with camp staff on a "need to know" basis and that the adult guardian participant will retain primary responsibility for managing the camper's health status while at camp. In the event of an emergency and the adult guardian participant or I am not available, I give permission to a Licensed Medical Professional selected by the camp to provide emergency treatment. I agree to inform the camp of any changes that might impact her participation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date