



We build strong kids,
strong families, strong communities.

CAMPER HEALTH HISTORY RECORD 2011

Important! Please read!
Use a separate form for each camper; print information clearly.
Incomplete forms will not be accepted.

Mail to: Camp Mahackeno, P.O. Box 190, Westport, CT 06881-0190

This Health History Record must be completed and returned to the camp by 06/01/11. Children are NOT allowed to attend camp until all required health information has been submitted. If this camper has had a physical exam within 2 years from the start of camp, a new exam is not required. If your child has NOT had a physical exam within 2 years of the start of camp, please make an appointment with your child's physician to conduct an examination. Reminder: Without required forms, your camper may not attend camp.

Last Name: _____ First Name: _____ M F

Date of Birth: _____ Home Phone: _____

Address: _____

Parent/Guardian Name (A): _____ Relationship: _____

Bus. Phone: () _____ Cell: () _____

Parent/Guardian Name (B): _____ Relationship: _____

Bus. Phone: () _____ Cell: () _____

EMERGENCY CONTACTS – OTHER THAN A PARENT OR GUARDIAN (form will not be accepted if parent is listed)

Name: _____ Relationship: _____

Home Phone: _____ Bus. Phone: () _____ Cell: () _____

Name: _____ Relationship: _____

Home Phone: _____ Bus. Phone: () _____ Cell: () _____

Is your child taking prescription medication? Yes No

Is your child taking medication at home? Yes No

Prescription(s):	Dosage:	Reason:

Will your child be taking medication during camp hours? Yes No If yes, please indicate which medication (prescription or over-the-counter – doctor's medication authorization forms needed):

*Please note: Your child's physician must provide information about medications in the Recommendations and Restrictions section on the State of Connecticut Department of Education Health Assessment Record in order for the camp to administer medication to your child.

Camper's Name: _____

MEDICAL PROBLEMS AND DISEASES: Please check all areas that apply. The Westport Weston Family Y's Mahackeno Outdoor Center requires background information on your child in order to provide licensed medical staff with pertinent information in case of emergency. General Questions (Please explain any "yes" answers below). Has or does the camper...

- | | |
|---|---|
| 1. Had any recent injury, illness or infectious disease? <input type="checkbox"/> Yes . . <input type="checkbox"/> No | 13. Ever had chest pain during or after exercise? <input type="checkbox"/> Yes . . <input type="checkbox"/> No |
| 2. Have any chronic or reoccurring illness? . . . <input type="checkbox"/> Yes . . <input type="checkbox"/> No | 14. Ever had high blood pressure? <input type="checkbox"/> Yes . . <input type="checkbox"/> No |
| 3. Ever been hospitalized? <input type="checkbox"/> Yes . . <input type="checkbox"/> No | 15. Ever been diagnosed with a heart murmur? <input type="checkbox"/> Yes . . <input type="checkbox"/> No |
| 4. Have frequent headaches? <input type="checkbox"/> Yes . . <input type="checkbox"/> No | 16. Ever had back problems? <input type="checkbox"/> Yes . . <input type="checkbox"/> No |
| 5. Ever had surgery? <input type="checkbox"/> Yes . . <input type="checkbox"/> No | 17. Ever had problems with joints? <input type="checkbox"/> Yes . . <input type="checkbox"/> No |
| 6. Ever had a head injury? <input type="checkbox"/> Yes . . <input type="checkbox"/> No | 18. Have an orthodontic appliance being brought to camp? <input type="checkbox"/> Yes . . <input type="checkbox"/> No |
| 7. Ever been knocked unconscious? <input type="checkbox"/> Yes . . <input type="checkbox"/> No | 19. Have any skin problems? <input type="checkbox"/> Yes . . <input type="checkbox"/> No |
| 8. Wear glasses, contacts or protective eye wear? <input type="checkbox"/> Yes . . <input type="checkbox"/> No | 20. Have diabetes? <input type="checkbox"/> Yes . . <input type="checkbox"/> No |
| 9. Ever had frequent ear infections? <input type="checkbox"/> Yes . . <input type="checkbox"/> No | 21. Have asthma? <input type="checkbox"/> Yes . . <input type="checkbox"/> No |
| 10. Ever passed out during or after exercise? . . <input type="checkbox"/> Yes . . <input type="checkbox"/> No | 22. Had mononucleosis within the past 12 months? <input type="checkbox"/> Yes . . <input type="checkbox"/> No |
| 11. Ever been dizzy during or after exercise? . . <input type="checkbox"/> Yes . . <input type="checkbox"/> No | |
| 12. Ever had seizures? <input type="checkbox"/> Yes . . <input type="checkbox"/> No | |

Please explain any "yes" answers to above questions (attach additional pages if necessary):

ALLERGIES AND ALLERGIC REACTIONS: Does your son/daughter react negatively to any medication or foods? If so, please list them.

Hay Fever Poison Ivy Insect Sting Penicillin Other allergies: _____

Please provide any additional information: _____

***INSURANCE INFORMATION:** You are responsible for any incurred medical expenses. If you need pre-approval for out-of-plan services, it is your responsibility to notify your insurance provider (information mandatory).

Insurance provider: _____ Group #: _____

Address: _____ Pre-approval necessary: Yes No

Name of insured: _____ Relationship to participant: _____

ID number or social security number of policy holder: _____

PERMISSION TO PROVIDE TREATMENT OR EMERGENCY CARE: The health history herein is correct as far as I know. I accept full responsibility for the health and physical condition of the person herein described, and give my permission for him/her to engage in all Mahackeno Outdoor Center sponsored activities, except as noted by me. I give the Westport Weston Family Y's Camp Mahackeno permission to apply sunscreen/lotion to my camper on an as needed basis during the day at camp. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Westport Weston Family Y to hospitalize, secure proper treatment or to order injections, anesthesia, or surgery for my child as named above. This completed form may be photocopied for trips out of camp.

Parent or Guardian signature: _____ Date: _____

By state regulation your child may not attend camp until this form is fully completed on both sides and returned to: Westport Weston Family Y, Attn: Camp Mahackeno, P.O. Box 190, Westport, CT 06881-0190