

# TROOP M CAMP CADET Health Record

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of Parents / Guardians \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Emergency Phone # for Parents \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

**IMPORTANT HEALTH HISTORY (TO BE COMPLETED BY PARENT OR GUARDIAN!!!) ALL QUESTIONS MUST BE ANSWERED AND THE FORM SIGNED BY PARENTS/ GUARDIANS!!**

Is child's health generally good? \_\_\_\_\_

Are there any known allergies? \_\_\_\_\_

If yes, Please be specific regarding irritant, symptoms and recommended treatment: \_\_\_\_\_

DO YOU GIVE CAMP STAFF PERMISSION TO PROVIDE TREATMENT? YES NO

Is your child subject to (answer Yes or No)

Colds \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Fainting \_\_\_\_\_ Sinus trouble \_\_\_\_\_

Ear trouble \_\_\_\_\_ Allergy to insect bites \_\_\_\_\_ Stomach problems \_\_\_\_\_ Convulsions \_\_\_\_\_

Has your child had:

Hay fever \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Hernia \_\_\_\_\_

Rheumatic fever \_\_\_\_\_ Scarlet fever \_\_\_\_\_ Heart disease \_\_\_\_\_

Kidney disease \_\_\_\_\_ Appendicitis \_\_\_\_\_

Does your child (if a girl) have menstrual periods? \_\_\_\_\_

Is your child nervous or upset easily? \_\_\_\_\_

Is your child now under medical care for ANY condition? \_\_\_\_\_

List \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS**

Is your child taking any medication? Yes \_\_\_ or No \_\_\_\_ If yes, please complete the following:

| Medication Name | Dose | Time Taken | Reason for taking |
|-----------------|------|------------|-------------------|
|                 |      |            |                   |
|                 |      |            |                   |
|                 |      |            |                   |
|                 |      |            |                   |
|                 |      |            |                   |
|                 |      |            |                   |

DO YOU GIVE CAMP STAFF PERMISSION TO ADMINISTER MEDICATION AS ORDERED, AND PROVIDE NON-PRESCRIPTION MEDICATIONS FOR MINOR AILMENTS? Yes \_\_\_\_ No \_\_\_\_

\* \_\_\_\_\_ SIGNATURE OF PARENT / GUARDIAN

DOES YOUR CHILD HAVE ANY ALLERGIES TO MEDICATIONS? YES \_\_\_\_ NO \_\_\_\_

Please list:

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**\*\*\*IF YOUR CHILD IS ALLERGIC TO BEE STINGS, AND DEVELOPS HIVES, SHORTNESS OF BREATH, AND SWELLING OF THE THROAT, YOU MUST PROVIDE TO THE HONOR'S CAMP NURSE A BEE STING KIT WHICH CAN BE PRESCRIBED BY YOUR FAMILY DOCTOR.\*\*\***  
**THERE WILL BE NO EXCEPTIONS, THIS IS REQUIRED FOR YOUR CHILD TO ATTEND CAMP.**

**NO CADET WILL BE PERMITTED TO KEEP ANY MEDICATION ON HIS/ HER PERSON, EXCEPT FOR PRESCRIBED INHALERS!!!**

**ALL MEDICATION MUST BE REGISTERED WITH THE NURSE UPON ARRIVAL AT CAMP!!!**

**INSURANCE**

Is your child covered by health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Address \_\_\_\_\_

Group # \_\_\_\_\_

Identification # \_\_\_\_\_

Policy # \_\_\_\_\_

Does your child have a Primary Care Provider (PCP)? Yes \_\_\_\_ No \_\_\_\_  
Must they be notified prior to emergency care? Yes \_\_\_\_ No \_\_\_\_

If Yes, Name of PCP and Phone Number: \_\_\_\_\_

Do you have any other type of insurance which will cover your child while at Commissioner's Honor's Camp?

Yes \_\_\_\_ No \_\_\_\_ (If yes, please provide information)

THE PERMISSION TO TREAT MY CHILD IN THE CASE OF AN EMERGENCY IS CONDITIONED UPON THE UNDERSTANDING THAT IN THE EVENT OF SERIOUS ILLNESS OR THE NEED FOR HOSPITALIZATION AND/OR SURGERY, THE STAFF WILL USE ALL REASONABLE EFFORTS TO CONTACT ME. FAILURE IN SUCH EFFORTS; HOWEVER, SHOULD NOT PREVENT A PHYSICIAN FROM PROVIDING SUCH EMERGENCY TREATMENT AS MAY BE NECESSARY FOR THE BEST INTEREST OF MY CHILD.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

### Have your Physician Complete this page:

Have there been any past operations, injuries, or illnesses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe type, approximate date and if still under care for this problem, or anticipating further treatment:

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All youth are expected to participate in daily exercises and activities which include but are not limited to running, jumping, and swimming...**IS THERE ANY KNOWN PHYSICAL IMPAIRMENT THAT MIGHT HANDICAP THIS CHILD FROM FULLY PARTICIPATING IN A STRENUOUS PROGRAM SUCH AS CAMP CADET ?** \_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, Please describe:

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\* \_\_\_\_\_  
**Signature of treating physician, ONLY if still Under care, or needing further treatments.**

\* \_\_\_\_\_  
Signature of Parent / Guardian

Date of last tetanus shot \_\_\_\_\_ Note - This must be within the last ten years.

**All youth must be up-to date with Pennsylvania’s Recommended School Immunizations before attending this program.** The following lists the vaccinations needed:

**Hepatitis B (Hep B)** - A series of doses of hepatitis B vaccine if you have not already received them.

**Measles, Mumps, Rubella (MMR)** - Check with your healthcare provider to make sure you’ve had two doses of MMR.

**Tetanus, diphtheria, pertussis (whooping cough)** - A booster dose of Tdap at age 11-12 years. If older and already had a Td booster, you should get a Tdap shot to get the extra protection against pertussis.

**Polio** - If you haven’t completed your series of polio vaccine doses and you are not yet 18, you should complete them now.

**Varicella (Var) (chickenpox shot)** - If you have not been previously vaccinated and have not had chickenpox, you should get vaccinated against this disease. The vaccine is given as a 2-dose series. Any teenager who was vaccinated as a child with only 1 dose should get a second dose now.

**Meningococcal disease** - This vaccine is recommended for all teens ages 11 through 18 years, college freshmen who will be or are living in dormitories, and those with certain special medical conditions. \*\*\* If recommended by your healthcare provider.

**I have reviewed the Immunization list and verify that this youth has had ALL required immunizations for participation in this camp.** \* \_\_\_\_\_ **Physicians Initials**

**I HAVE EXAMINED THIS CHILD AND HE/SHE IS ABLE TO ATTEND AND PARTICIPATE AT COMMISSIONER’S HONOR’S CAMP:**

\* \_\_\_\_\_ **Physician Signature**