



HEALTH HISTORY

Please print neatly and return in person. Or via email

Camper's Name: _____ Age at Camp: _____

HEALTH INSURANCE

Is the camper covered by family medical insurance? Yes No

Health insurance company: _____ Phone number: _____

ID/policy number: _____ Primary Physician number: - _____

Name of policy holder: _____

DIET

Does the camper eat a special diet? _____ If so, please provide the restrictions and reactions.

MEDICAL HISTORY

Please list all **allergies**, including food, medicines, or environmental (i.e. insect stings, hay fever, etc.).

What is the camper's reaction to their allergy?

In case of an allergic reaction, what medications do you administer to the camper? Please send to camp.

Does the camper have **asthma**? _____ If so, please send inhalers or nebulizers to camp.

How often does the camper need medication for asthma? _____

Please answer the following. Provide explanations for any "yes" answer.

1. Ever been hospitalized? Yes No _____
2. Ever had surgery? Yes No _____
3. Have recurring/chronic illnesses? Yes No _____
4. Had a recent infectious disease? Yes No _____

- 5. Had a recent injury? Yes No _____
- 6. Had shortness of breath? Yes No _____

- 7. Have diabetes? Yes No _____
- 8. Had seizures? Yes No _____
- 9. Had headaches? Yes No _____
- 10. Wear glasses, contacts, or protective eyewear? Yes No _____
- 11. Had fainting or dizziness? Yes No _____
- 12. Passed out/had chest pain during exercise? Yes No _____
- 13. Had mononucleosis ("mono") in the past year? Yes No _____
- 14. If female, are there problems with periods? Yes No _____
- 15. Have problems with falling asleep/sleepwalking? Yes No _____
- 16. Ever had back/joint problems? Yes No _____
- 17. Have a history of bedwetting? Yes No _____
- 18. Have problems with diarrhea/constipation? Yes No _____
- 19. Have any skin problems? Yes No _____
- 20. Traveled outside the country in the past 9 months? Yes No _____
- 21. Ever been treated for ADD or ADHD? Yes No _____
- 22. Ever been treated for emotional/behavioral issues? Yes No _____
- 23. Ever been treated for an eating disorder? Yes No _____
- 24. Ever experienced a significant life event? Yes No _____
- 25. Ever seen or currently seeing a mental health professional? Yes No _____

Additional comments: _____

Please indicate any medical, emotional, social, or behavioral concerns that need to be shared. _____

Please indicate any physical limitations that would restrict the camper's active participation in IPM Camp's program.
 Please include any special needs or accommodations.

IMMUNIZATIONS & PHYSICALS

Is the camper current on immunizations? _____

What is the date of the camper's last physical? _____

LEGAL CONSENT FOR YOUTH CAMPERS

The information provided on this Health History form is correct and accurately reflects the health status of the camper to whom it pertains. The camper listed above has my permission to participate in all camp activities except as noted by myself or an examining physician.

In the event of injury or illness, whether real or suspected, I consent to emergency medical treatment on my behalf for my child. I authorize and give permission to IPM Camp to transport or arrange for ambulance or other emergency transportation service to a doctor or hospital for medical diagnosis or treatment, including but not limited to emergency surgery or medication. I give permission to the hospital and physician selected by camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery for this child.

I assume the responsibility and all related fees and expenses arising there from. I also give consent to the distribution and administration of medication by a camp staff member in the event my child becomes ill or has any minor accidents.

I understand the information on this form will be shared on a "need to know" basis with camp staff.

I understand that Intentional Pursuit of Me assumes no liability for injuries or damages unless due to willful fault or negligence. By signing below, I acknowledge that I have carefully read this agreement and release of liability, that I am legally responsible for the child identified as a camper on this form, that I am qualified to sign this agreement, and that I agree with its terms.

Parent's Signature

Date

Parent's Printed Name

Camper's Name