Good Earth Village Adult Health Form

Please print clearly. This form will be copied. Use a separate form for each adult. Health information on this form is gathered to assist us in identifying appropriate care. *Due (2) weeks prior to start of camp session.*

Name _____ Program Date _____

Address _____ Birthdate _____

City/State/Zip _____ Emergency Contact Name _____

Phone _____ Emergency Contact Phone

Allergies: *Check those which apply to this camper.*

☐ I have no known allergies

☐ I have an allergy to the following food(s) _____

Describe reaction and what is done to manage _____

☐ I am allergic to the following medication(s) _____

Describe reaction and what is done to manage _____

☐ I am allergic to the following _____

Describe reaction and what is done to manage _____

Dietary Needs: *Check those which apply to this camper. Please call if you have a question about diet.*

☐ Has No Dietary Needs ☐ Vegetarian ☐ Lactose Intolerant ☐ Gluten Free ☐ Other

Please specify dietary needs _____

Medication:

☐ I do not take routine medication (including vitamins) ☐ I take routine medication as follows: *attach more information if needed*

Name of Medication _____ Name of Medication _____

Reason for Taking _____ Reason for Taking _____

Dosage _____ Dosage _____

Time(s) Given _____ Time(s) Given _____

Insurance Information: In the event that you need to be seen by someone other than our Health Officer, it is helpful for us to have insurance information to pass onto the treating hospital or clinic.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone _____

Health Concerns: *Do you have any health condition such as a chronic illness or a special circumstance that we should know about because it impacts your ability to participate in this camp program?* *attach more information if needed*

☐ No, I am fully able to participate ☐ Yes, I have concerns about my ability to participate

Please explain if "YES" _____

To the best of my knowledge, the information provided on this form is correct, and I am able to participate in all camp activities (with the above noted exceptions). I understand that my health information will be shared with camp staff on a "need to know" basis and that, as an adult, I retain primary responsibility for managing my health status while at camp. I agree to inform the camp of any changes that might impact my participation. In the event that I (or appointed proxy) cannot make a decision in an emergency, I hereby give my permission to the physician selected by Good Earth Village to secure proper treatment for, and to order injection, anesthesia, or surgery for myself as named in this form. I also give permission for any pictures and videos taken of me to be used for promotional purposes.

Signature _____ Date _____

Good Earth Village Health Form

Please print clearly. This form will be copied. Use a separate form for each camper. Health information on this form is gathered to assist us in identifying appropriate care. *Due (2) weeks prior to start of camp session.*

Camper Name _____ Date(s) attending camp _____

Gender _____ Birthdate _____ Age _____ Grade completed _____

Camper Address _____
City/State/Zip _____
Home Phone _____
Parent/Guardian _____
Parent/Guardian Phone _____

Second Parent/Guardian _____
Second Parent/Guardian Phone _____
Emergency Contact Name _____
Emergency Contact Phone _____
Primary Doctor Name & Phone _____

Allergies: *Check those which apply to this camper.*

☐ This camper has no known allergies
☐ This camper has an allergy to the following food(s) _____
Describe reaction and what is done to manage _____
☐ This camper is allergic to the following medication(s): _____
Describe reaction and what is done to manage _____
☐ This camper is allergic to the following: _____
Describe reaction and what is done to manage _____

Dietary Needs: *Check those which apply to this camper. Please call if you have a question about diet.*

☐ Has No Dietary Needs ☐ Vegetarian ☐ Lactose Intolerant ☐ Gluten Free ☐ Other

Please specify dietary needs _____

Medication: *Bring enough medication to last the entire session. ALL medications MUST be in original pharmacy containers and labeled appropriately.*

☐ This camper does not take routine medication (including vitamins)
☐ This camper takes routine medication as follows: *attach more information if needed*

Name of Medication _____ Name of Medication _____
Reason for Taking _____ Reason for Taking _____
Dosage _____ Dosage _____
Time(s) Given _____ Time(s) Given _____

The following medications are available to be dispensed by our Health Officer as directed by protocol. Please cross out any that should NOT be given. Medication will be given in age appropriate dosage.

Acetaminophen (Tylenol) Diphenhydramine (Benadryl) Ibuprofen Antifungal Spray/Cream Cough Drops Eye Drops Bismuth Subsalicylate (Pepto-Bismol) Hydrocortisone Cream Triple Antibiotic Cream Calcium Carbonate (Tums) Aloe Dextromethorphan (Cough Syrup) Lice Shampoo or Cream (Nix or Elimite)

Immunizations:

Please provide the month and year of last Tetanus shot ___ / ____

☐ I attest that all immunizations required for school are up to date, and am able to provide necessary documentation if asked. Please Initial _____

If your camper has not been fully immunized, please sign the following statement:
I understand and accept the risks to my child from not being fully immunized.

Signature: _____ Date: _____

Swimming Ability:

☐ Non-Swimmer
☐ Beginner – *minimal swimming skills; avoids deep water*
☐ Intermediate – *comfortable in deep water*

Camper Name _____

Mental, Emotional, and Social Health: *Circle "Yes" or "No" for each statement.* Has the camper:

yes no 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
yes no 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?
yes no 3. During the past 12 months, seen a professional to address mental/emotional health concerns?
yes no 4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "YES" answers in the space below, noting the number of the questions. *Attach additional sheets if more space is needed.*

General History: *Circle "yes" or "no" for each statement.* Has/does the camper:

yes no 1. Been hospitalized?
yes no 2. Have recurrent/chronic illnesses?
yes no 3. Have asthma/wheezing/shortness of breath?
yes no 4. Had seizures?
yes no 5. Had chicken pox?
yes no 6. Passed out/had chest pain during exercise?
yes no 7. Have problems with diarrhea/constipation?
yes no 8. Have problems with falling asleep/sleepwalking?
yes no 9. Wear glasses, contacts or protective eyewear?
yes no 10. Traveled outside the country in the past 9 months?
yes no 11. Had surgery?
yes no 12. Had a recent injury/infectious disease?
yes no 13. Have diabetes?
yes no 14. Have headaches or migraines?
yes no 15. Had fainting or dizziness?
yes no 16. Had back or joint problems?
yes no 17. Have any skin problems?
yes no 18. Have a history of bedwetting?
yes no 19. Have difficulty hearing?
yes no 20. If applicable, knowledge of menstruation?
yes no 21. If applicable, has a normal menstrual history?

Please explain "YES" answers in the space below, noting the number of the questions. *For travel outside of the country, please name countries and visited dates of travel.* *Attach additional sheets if more space is needed.*

Insurance Information: In the event that your child needs to be seen by someone other than our Health Officer, it is helpful for us to have insurance information to pass onto the treating hospital or clinic.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone _____

Other Information: Please provide additional information about the camper's health or restrictions not mentioned elsewhere on this form that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional page(s) as necessary.

I hereby give permission to the person named above to participate in all aspects of the program at Good Earth Village without restrictions except as noted above. I give permission to the medical personnel selected by the camp director to provide routine health care, to administer prescribed medications, and to administer emergency treatment to my child. Good Earth Village will make every effort to contact me if my child needs emergency medical/surgical treatment, but if listed contacts cannot be reached.

I give permission to Good Earth Village medical personnel to authorize necessary medical treatment, including, but not limited to x-rays, hospitalizations, injections, or surgery. I understand that my insurance has primary coverage and Good Earth Village insurance is secondary. I also agree to the release of any records necessary for treatment, referral, billing or insurance purposes. If the person named above is a minor, it is my intention that representatives of the camp be considered "personal representatives" for the purpose of disclosing health information that is protected under the Health Insurance Portability and Accountability Act of 1996.

I also agree to the disclosure to camp representatives of protected health information of the person named above in order to provide information related to the person's ability to participate in camp activities; and if the person named above is a minor, to provide information to the camp representatives to keep me informed of my child's health situation.

This completed form may be photocopied for trips out of camp. I give permission for my child to participate in trips offsite in camp vehicles. I also give permission for any pictures and videos taken of my child to be used for promotional purposes.

Parent/Guardian Signature _____ Date _____