

# UNION COLLEGE

## SUMMER CAMP HEALTH HISTORY FORM

Part 1: Camper Information: To be completed by parent/guardian.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Gender (circle one): M F

\_\_\_\_\_  
\_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Part 2: Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Part 3: Insurance Information: Campers should be covered by their family's medical insurance policy. Union College does not provide medical insurance of any kind. Local providers may require that you pay them directly at the time of service and then file for reimbursement with your insurance company. If you do not have insurance, write "none".

Medical insurance provider: \_\_\_\_\_

Policy #/Group #: \_\_\_\_\_

Address of insurance Provider: \_\_\_\_\_

\_\_\_\_\_

Name of policy holder: \_\_\_\_\_

ID number: \_\_\_\_\_ Prescription Card #: \_\_\_\_\_

Employer of policy holder: \_\_\_\_\_

Part 4: Dietary Restrictions: Please note any special dietary needs or food allergies:

\_\_\_\_\_

Part 5: Special Accommodations: Please list any special accommodations that are needed by your child for issues such as physical disability, vision impairment, hearing impairment, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SUMMER CAMP HEALTH HISTORY FORM

Name: \_\_\_\_\_

Part 6: Medical History: Please check all that apply to your child and give necessary details below.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Migraines/headaches       | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> ADD or ADHD               |
| <input type="checkbox"/> Hearing/vision impairment | <input type="checkbox"/> Gastrointestinal disorders | <input type="checkbox"/> Depression/anxiety        |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Urinary tract infections   | <input type="checkbox"/> Eating disorder           |
| <input type="checkbox"/> Bronchitis/pneumonia      | <input type="checkbox"/> Enuresis                   | <input type="checkbox"/> Learning disability       |
| <input type="checkbox"/> Ear/sinus infections      | <input type="checkbox"/> High blood pressure        | <input type="checkbox"/> Eczema/skin disorder      |
| <input type="checkbox"/> Hear defect/disease       | <input type="checkbox"/> Neurological disorder      | <input type="checkbox"/> Hemophilia/blood disorder |
| <input type="checkbox"/> Seizures/fainting         | <input type="checkbox"/> Other, explain: _____      |  |

---

---

---

---

---

Allergies to medications, insect bites, etc.: \_\_\_\_\_

Does your child carry an epi-pen for allergies? \_\_\_\_\_

Operations or serious illnesses: \_\_\_\_\_

Under the care of a psychologist, psychiatrist, or counselor? \_\_\_\_\_

Part 7: Medications Information: Any medication brought to camp must be accompanied by a written order from the camper's primary care provider (Form included). Medication includes: medicines prescribed by a health care provider; all over-the-counter medications such as Advil, Tylenol, allergy meds; vitamins; and herbal supplements. Medication must also be sent in their original containers and labeled with the camper's name. All medications (including over-the-counter medications) must be given to the camp health director upon arrival to camp and will be kept locked in the camp health office. Campers may not keep medications with him or her (with the exception of inhalers, epi-pens, and insulin). As needed medications (medications not taken on a regular basis) brought to camp will be available to campers Monday through Friday from 8:00am until 4:00pm from the health director only.

Please check one:

My child will be bringing medications to camp. Please list medications: \_\_\_\_\_

---

---

My child will not be bringing medications of any kind to camp.

Part 8: Immunization Record: Please attach a copy of your child's immunization record. It should provide proof of immunization against all of the following: diphtheria, haemophilus influenza type B (hib), hepatitis B, measles, mumps, rubella, poliomyelitis, tetanus, and varicella (chicken pox), and meningococcal vaccine. Your child will not be able to participate in the camp and will be sent home if the immunization record is not attached per the NYSDOH.

## SUMMER CAMP CONSENT FORM

Name: \_\_\_\_\_

Part 9: Consent for Medical Treatment: This is to authorize the medical personnel of the camp, and/or off-campus medical facilities to provide necessary medical care to your child. It must be signed by a parent or legal guardian. . Your child will not be able to participate in the camp and will be sent home if the consent for medical treatment is not signed per the NYSDOH.

In the event of an emergency, I consent for medical personnel of Union College or the camp site or physicians of the nearest or most appropriate hospital to perform any necessary emergency treatment, including surgery, injection, or other procedures requiring the use of a local or general anesthetic. This authorization shall be in effect while my child is a student at the camp. I understand that I am fully responsible for all medical costs incurred by my child.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Office Use only

Review Date: \_\_\_\_\_ Health Director Signature: \_\_\_\_\_

## MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp. *Check one box and sign below.*

My child has had meningococcal meningitis immunization within the past 10 years.

Date received:

[Note: If your child received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.]

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

Signed:  
(Parent / Guardian)

Date:

Camper's Name:

Date of Birth :

Mailing Address:

Parent/Guardian's E-mail address (optional):

Office Use only

Review Date: \_\_\_\_\_ Health Director Signature: \_\_\_\_\_

**SUMMER CAMP MEDICATION ORDER AND PERMISSION FORM**

Name of Camper: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Directions: \_\_\_\_\_

Reason for taking medication: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

Phone number of Physician: \_\_\_\_\_

I hereby give my permission for my son/daughter, \_\_\_\_\_,  
who is attending \_\_\_\_\_ at Union College, to take the  
above medication as ordered.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

No medication (prescription or over-the-counter) will be given at camp until the camp health director receives this completed form or equivalent with the medication in its original container. All prescription medication must be appropriately labeled by the pharmacy and all over-the-counter medication must be in its original, unopened container. All medicine will be kept with the camp health director or designee. Medications that are ordered on an as needed basis will only be available to the camper Monday through Friday from 8:00am until 4:00pm unless it is a medical emergency.

Office Use only

Camper Self-directed: Y N      Health Director Signature: \_\_\_\_\_

**Please return all medical forms and medical information to:**

**Union College Health Services  
Kristine Barkley, RN - Camp Health Director  
Sillman Hall - 2nd Floor  
807 Union St.  
Schenectady, NY 12308**

**518-388-6120  
FAX: 388-6147**

