BEAR CREEK CAMP

Explore, celebrate & grow in God's creation!

Youth Health Form

Session Name and Date

We encourage you to complete your health form online at bearcreekcamp.org/register if possible. If you are unable to, please complete this form and mail it to camp at least two weeks prior to your registered session. ALL Sections are REQUIRED. Information must be completed by the Parent/Guardian. Please provide complete information so that camp can be aware of your camper's needs and provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided and reviewed with camp health personnel upon participant's arrival at camp.

I. CAMPER & CONTACT INFORMATION

Camper Name_____ Birth Date _____ Gender _____ Age _____

Last First Middle

Home Address _____

Street & Number City State ZIP

First Parent/Guardian _____ Email _____

Phone: Home (____)_____ Cell (____)_____ Work(____)_____

Second Parent/Guardian _____ Email _____

Phone: Home (____)_____ Cell (____)_____ Work(____)_____

Emergency Contact Information

Name	Phone	Alternate Phone	Relationship

II. GENERAL INFORMATION

Height _____ Weight _____ Last Exam Date _____

III. ALLERGIES AND DIETARY RESTRICTIONS

Does your child require an EpiPen? □ Yes □ No

Please provide details about your child's anaphylaxis, including the date and description of the reaction

_____

_____

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Allergies

Allergy	Reaction/Symptoms

Dietary Restrictions

Does your child have any dietary restrictions? □ Yes □ No

Please explain (*alternative meal supplements are available at each meal to accommodate dietary)*

_____

_____

IV. MEDICATIONS AND TREATMENTS

Medications

Medication	Dose	Schedule (When taken)	Details

Over the Counter Medications

Medication Name	Allowed?	
Acetaminophen (Tylenol)	□ Yes □ No	
Ibuprofen (Advil)	□ Yes □ No	
Hydrocortisone cream	□ Yes □ No	
Antihistamines	□ Yes □ No	
Antacids	□ Yes □ No	
Sting Swabs	□ Yes □ No	
Antibiotic Cream	□ Yes □ No	
Insect Repellent	□ Yes □ No	
Sunscreen	□ Yes □ No	

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child?
□ Yes □ No

Will your child require any treatments while at camp? □ Yes □ No

Please explain what treatment(s) must be given to your child, including the frequency.

_____

_____

Does your child regularly take any medications that will NOT be taken at camp? □ Yes □ No

Explain what medications your child takes regularly and why they are taken.

_____

_____

V. IMMUNIZATIONS

Are all immunizations required for school up to date? □ Yes □ No

Please provide the date of their most recent immunization _____

If your child has not been fully immunized, please explain.

_____

_____

VI. HEALTH HISTORY

Medical Conditions

Condition		Details
Recent injury or illness?	□ Yes □ No	
Chronic or recurring illness/condition?	□ Yes □ No	
Frequent headaches?	□ Yes □ No	
A head injury?	□ Yes □ No	
Knocked unconscious	□ Yes □ No	
Wears glasses, contacts, or protective eye wear?	□ Yes □ No	
Frequent ear infections?	□ Yes □ No	
Passed out during or after exercise?	□ Yes □ No	
Been dizzy during or after exercise?	□ Yes □ No	
Had seizures?	□ Yes □ No	
Had chest pain during or after exercise?	□ Yes □ No	
High blood pressure?	□ Yes □ No	
Bleeding/clotting disorder?	□ Yes □ No	
Diagnosed with a heart murmur?	□ Yes □ No	
Back problems?	□ Yes □ No	
Joint problems?	□ Yes □ No	
Wears a removable orthodontic appliance?	□ Yes □ No	
Skin problems?	□ Yes □ No	
Diabetes?	□ Yes □ No	
Asthma/inhaler?	□ Yes □ No	
Mononucleosis in the past 12 months?	□ Yes □ No	
Problems with constipation/diarrhea?	□ Yes □ No	
Irritable Bowel Syndrome?	□ Yes □ No	

Crohn's?	□ Yes □ No	
Colitis?	□ Yes □ No	
Sleepwalking?	□ Yes □ No	
In female, abnormal menstrual history?	□ Yes □ No	
History of bedwetting?	□ Yes □ No	
Eating disorder?	□ Yes □ No	
Emotional difficulties for which professional help was sought?	□ Yes □ No	
ADD/ADHD	□ Yes □ No	
Speech challenges?	□ Yes □ No	
Other?	□ Yes □ No	

Disease History

Disease		Details
Chicken Pox (Varciella)	□ Yes □ No	
Measles (German)	□ Yes □ No	
Hepatitis A	□ Yes □ No	
Hepatitis B	□ Yes □ No	
Hepatitis C	□ Yes □ No	
Measles (Red)	□ Yes □ No	
Mono (past 1 year)	□ Yes □ No	
Mumps	□ Yes □ No	
Whooping Cough	□ Yes □ No	
COVID-19	□ Yes □ No	

Has your child had any operations? □ Yes □ No

Please explain the operation(s), including date(s)

_____

_____

Has your child ever been hospitalized or had a serious injury? □ Yes □ No

Please explain the reason(s) for hospitalization(s) or the serious injury(ies) and the dates they occurred

_____

_____

Has your child been exposed to any communicable diseases within the last 3 months? □ Yes □ No

Please explain what disease(s) your child has been exposed to, and when the exposure occurred.

_____

_____

Does your child have any restrictions on activity? □ Yes □ No

Please explain what activities must be restricted and list any special accommodations that should be made.

_____

_____

Will your child require any special assistance while at camp? □ Yes □ No

Please explain what assistance will be required.

_____

_____

Is there anything you would like to discuss with the camp medical staff? □ Yes □ No

Please explain what you would like to discuss with the camp medical staff.

_____

_____

Please list any other medical information the camp should have about your child.

_____

_____

VII. DOCTOR INFORMATION

Name of Family Physician _____ Phone (____)_____

Name of Dentist/Orthodontist _____

VIII. HEALTH INSURANCE

Do you have medical insurance? □ Yes □ No

Full Name of Policy Holder _____

Policy Holder Phone Number _____

Employer Name (if insured through company) _____

Insurance Company/Plan Name _____

Insurance Company Phone Number _____

Health Insurance Policy Number _____

Insurance Group Name or Number _____

Please attach a copy of insurance card (both sides).

IX. MEDICAL WAIVER

□ Checking this box confirms that you have read the medical waiver, that you understand it, and that you agree to be bound by it.

To the best of my knowledge all registration and health information is correct. I give permission for my child to participate in all camp activities except as noted and agree that the camp or its staff will not be held responsible for accidents or personal injury arising there from. In the event of an emergency, I give permission to the medical personnel or staff selected by the camp to secure and/or administer any medical or emergency treatment, including hospitalization, deemed necessary for my child. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for my child. I understand that Bear Creek Camp is not responsible for medical costs due to illness or injury while at this event and I agree to cover all costs associated with any such illness or injury. I am the primary carrier of the accident/health insurance. If all immunizations required for school are not up to date, I understand and accept the risks to my child from not being fully immunized. Bear Creek Camp Behavioral Health Policy: Bear Creek Camp respects the confidentiality of an individual's mental and/or behavioral health diagnosis and treatment. It is the responsibility of the Parent/Guardian of a camper to inform Bear Creek Camp Staff if their child is presently being treated for a mental or behavioral health diagnosis and how the Staff can best support the camper. Bear Creek Camp has to ensure the safety of all campers. If a camper exhibits behaviors that can put themselves or others in danger, the behavior will be reported to a Camp Director immediately. The camper's Parent/Guardian may be called and the camper may be sent home. If the camper is exhibiting behaviors that are deemed a crisis, the Director will call the local county crisis services to determine the level of intervention that needs to occur

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____ Date _____