

Lang's Horse and Pony Farm
Camper 2012 Health History Record

This health history is to be completed & signed by parent / guardian.

If you filled in the paper copy of our camp registration form, fill in your camper's name, then skip to Part 1.

Please
print very
clearly

Camper's Name: _____ Date of Birth: _____ Age: _____

Medical Insurance Company _____ Policy # _____

Camper's Address: _____

City: _____ State: _____ Zip: _____

The medical information on this form mostly pertains to our Overnight campers.

Parent/Guardian Name: _____

Day phone: () _____ Cell Phone #: () _____

Evening Phone #: () _____

Emergency Contact: other than parent _____

Relationship: _____ Phone #: () _____

Day Camp Parents: please give us any information pertinent to your day camper, ie: bee sting allergy, peanut allergy, animal allergies, diabetes, asthma, etc.

Part 1: Illnesses & injuries (check those that apply)

Chronic or Recurring Illness:

- Ear infection Bleeding/clotting disorders Hypertension Asthma Heart defect/disease
- Musculoskeletal disorders Seizures Diabetes Other _____

Date of last health examination: _____ Is participant under a doctor/psychologist's care now? Yes No

Were any complicating medical problems noted in the last health exam? Yes No

Since last health exam, has participant had:

A serious injury requiring medical attention? Yes No An illness lasting more than five days? Yes No

Any prescribed or over the counter medications? Yes No A surgical procedure or fracture? Yes No

Treatment in a hospital or emergency room? Yes No Any exposure to a contagious disease? Yes No

Any restrictions concerning physical activity? Yes No

Any emotional or behavioral conditions which our camp staff needs to be made aware of? Yes No

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN, INCLUDING DATES:

Part 2: Allergies

(Check those that apply & specify nature of allergic reaction)

- Animals _____
- Hay fever _____
- Pollen _____
- Food _____
- * If your camper has a peanut allergy, please describe how severe.
- Meds/drugs _____
- Insect stings _____
- Plants _____
- Other (specify) _____

Part 3: Immunization history:

Dates of Immunizations:

Tetanus _____
H1N1 _____
Other: _____

Part 4: Other health conditions

(Check those that apply)

- Bedwetting Emotional disturbances
- Constipation Fainting
- Menstrual cramps Hearing impairment
- Motion sickness Nosebleeds Special diet regime
- Sleep disturbances Wear glasses or contact lens
- Other (Please specify) _____

Part 5: Please check the following medications which our staff can administer to your child during camp:

Tums _____ Children's Tylenol _____ Bug Repellent _____ Cough Drops _____
Pepto-Bismol _____ Ibuprofen _____ Sunscreen _____ Benadryl _____

Does your overnight camper take a prescription medication on a daily basis? Yes No

Are they able to self administer? Yes No

All prescription medications are to be in their original pill bottle and placed in a zip lock bag with the camper's name on it. We will keep prescription medications in the office during the camp week.

Emergency Release Statement:

In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by Lang's Horse and Pony Farm to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above.

Signature of Parent/Guardian: _____ **Date:** _____