# Mar-Lu-Ridge Camper Health History Form

No one will be accepted to a camp program without returning this form to the Registrar.
Please return no later than **FOUR WEEKS** prior to the program start date.

Name: _____     Date of Birth: _____     Camp Date: _____

Parent / Guardian Name: _____     Other Parent / Guardian Name: _____

Home Address: _____

Primary Phone: _____     Other Phone: _____

Emergency Contact (i*f parent/guardians can't be reached)*: _____     Phone: _____

**Insurance Information**

(**copy of your card must be mailed with form**)

Circle One:

I DO NOT have insurance.

I HAVE attached copy of insurance card.

Family Doctor: _____

Phone: _____

**Activity Restriction:** _____

**Past Medical History:** Chronic Illness, Operations, or Serious Injuries

**Dietary Restrictions/Allergies:** _____

**Current Medications:** _____

**Medication Policy –** I understand that no medications (Prescription or Over-The-Counter OTC) will be given to my camper without this signed permission from me. Mar-Lu-Ridge has a select amount of OTC medications (Benadryl, Tylenol, Ibuprofen, first aid ointments, etc.) in the Health Care Center. Mar-Lu-Ridge has my permission to administer OTC medications that their Licensed Physician / Health Care Supervisor recommends to my camper.

**\*\*SIGNATURE OF PARENT/GUARDIAN:** _____     **DATE:** _____

**Check all that apply for your camper:**

_____ I request that Mar-Lu-Ridge does not administer the following to my camper: _____

_____ Off-site trips (Adventure, Horseback, Pioneer, etc.): I give my permission for my camper's counselor to administer the prescription medication I have sent during excursions away from camp.

**Allergies:**

_____ Hay Fever

_____ Poison Ivy

_____ Insect Stings

_____ Asthma

_____ Penicillin

_____ Other Drugs (please specify)

_____

_____

_____ Food Products (please specify)

_____

_____

**If Applicable:**

Has your camper menstruated? _____     If not, has your camper been told about it? _____

If so, is your camper's menstrual history normal? _____     Special considerations: _____

This health history is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted. In the event that I cannot be reach in an emergency, I hereby give permission to medical personnel and/or the physician selected by the camp directors to hospitalize, secure proper medical treatment for, and to order injections, anesthesia, x-rays, routine tests, or surgery; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my camper or myself as named above. This completed form may be photocopied for trips out of camp.

**\*\*SIGNATURE OF PARENT/GUARDIAN OR ADULT CAMPER:** _____     **DATE:** _____