

**Greenwood Hills 2015**

7062 Lincoln Way East Fayetteville PA 17222  
 Phone: 866-861-1373 Fax: 717-352-4844  
 www.GreenwoodHills.net

**Note:** This form must accompany camper on registering at camp. **Do not mail in early.** If camper has been exposed to any communicable disease within three weeks immediately before coming to camp, please report this to the nurse upon arrival at camp.

**Health Form and Medical Release Form**

To be filled in by parent/guardian of minors or by adults themselves.

Camper's Name \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Home Address \_\_\_\_\_

**Parents Emergency Phone Numbers**  
 Home \_\_\_\_\_  
 Work \_\_\_\_\_  
 Cell \_\_\_\_\_

Emergency Contact (if parent/guardian cannot be reached), notify:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_ (\_\_\_\_) \_\_\_\_\_

- Check – giving appropriate dates
- \_\_\_\_\_ ADD/ADHD
  - \_\_\_\_\_ Athlete's Foot
  - \_\_\_\_\_ Bed Wetting
  - \_\_\_\_\_ Chickenpox
  - \_\_\_\_\_ Clotting/Bleeding Disorder
  - \_\_\_\_\_ Constipation/Diarrhea
  - \_\_\_\_\_ Convulsions
  - \_\_\_\_\_ Diabetes
  - \_\_\_\_\_ Ear Trouble
  - \_\_\_\_\_ Eating disorders
  - \_\_\_\_\_ Eczema
  - \_\_\_\_\_ Fainting Spells
  - \_\_\_\_\_ Frequent Colds
  - \_\_\_\_\_ German Measles (Rubella)
  - \_\_\_\_\_ Heart Defect/Disease
  - \_\_\_\_\_ Hepatitis
  - \_\_\_\_\_ Hypertension
  - \_\_\_\_\_ Kidney Trouble
  - \_\_\_\_\_ Lactose intolerance
  - \_\_\_\_\_ Measles
  - \_\_\_\_\_ Mononucleosis
  - \_\_\_\_\_ Mumps
  - \_\_\_\_\_ OCD
  - \_\_\_\_\_ Phobias
  - \_\_\_\_\_ Rheumatic Fever
  - \_\_\_\_\_ Stomach Upsets
  - \_\_\_\_\_ Tuberculosis

**ALLERGIES:**  
 List all known allergies; describe the reaction and how the reaction is managed.  
 Medication allergies:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Food Allergies:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Other allergies (include insect stings, hay fever, asthma, animal dander, etc.):  
 \_\_\_\_\_

Has camper ever been stung by a bee or wasp? \_\_\_\_ Yes \_\_\_\_ No

**Medications** List all medications, vitamins and herbals which are brought to camp. Continue on separate sheet if necessary.  
*Note: All medication, vitamins, and over the counter medications must be in original labeled containers with your camper's name on it.*

Medication	Dosage and Times taken each day	Reason for Taking

List any hospitalizations and surgeries (include dates and reason for admission): \_\_\_\_\_

List any condition for which you are currently under a physician's care: \_\_\_\_\_

Has there been a need for professional counseling? Explain. \_\_\_\_\_

If a girl, has menstruation begun? \_\_\_\_\_ If not, has she been informed? \_\_\_\_\_

Has camper been out of the USA during the past year? Where? \_\_\_\_\_

**Dentist/Orthodontist** \_\_\_\_\_ Phone Number \_ (\_\_\_\_) \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ Phone Number \_ (\_\_\_\_) \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No

Insurance Company \_\_\_\_\_ Policy and/or Group # \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization of Treatment:** In the event of an accident, injury, or sickness, I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, administer treatment and if necessary hospitalization for the above named person. I give my permission for the release of any records necessary for insurance purposes. I understand that every effort will be made to contact me; but in the event I cannot be reached, I hereby give permission to the camp director (or a responsible staff member the director appoints) to act on my behalf. I grant permission for camp medical personnel to obtain access to necessary medical, psychiatric or social work records and to receive the results of medical procedures completed while my child is enrolled at camp.

Signature of Parent/Guardian or adult camper or staff member \_\_\_\_\_ Date \_\_\_\_\_

