

Greenwood Hills 2021

7062 Lincoln Way East Fayetteville PA 17222
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 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
- _____ Lice/Nits
 - _____ ADD/ADHD
 - _____ Athlete's Foot
 - _____ Bed Wetting-if current
 - _____ Chickenpox
 - _____ Clotting/Bleeding Disorder
 - _____ Constipation/Diarrhea
 - _____ Convulsions/Seizures
 - _____ Diabetes
 - _____ Drug Use
 - _____ Ear Concerns
 - _____ Eating disorders
 - _____ Eczema
 - _____ Fainting Spells
 - _____ Frequent Colds
 - _____ Heart Defect/Disease
 - _____ Hepatitis
 - _____ Hypertension
 - _____ Kidney Trouble
 - _____ Lactose intolerance
 - _____ Measles
 - _____ Mononucleosis
 - _____ OCD
 - _____ Phobias
 - _____ Rheumatic Fever
 - _____ Stomach Upsets
 - _____ Tuberculosis
 - _____ Other _____ ?

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 camper is currently under a physician's care: _____

Has there been a need for professional counseling? Explain. _____

Any behavioral/emotional disorders? (Director must give prior approval before camp) 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 and complete 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 _____

