

# In-Depth Health Information Form

## BRING ALL FORMS WITH YOU TO CAMP

In addition to the two Medical Information forms, two Medication forms, and the Immunization History, we request that a parent/guardian complete this confidential medical/mental health status for your camper. This information will be accessible only to the Directors and staff as necessary. We encourage you to complete this form as thoughtfully and completely as possible. Due to the nature of this program, any information that can offer insights into your child's needs is important to a successful camp experience. Write on the back of this form and attach any additional paper as needed.

**Camper's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Allergies:** Severe poison ivy, allergies to bee stings or other insect bites? Does your child use an epipen?

**Skin:** Sunburn easily? Prone to blisters? Other skin conditions?

**Digestive:** Problems with constipation or diarrhea? especially when under stress? Anorexia, bulimia, obesity?

**Skeletal/Muscular:** Problems with joints/ligaments? injuries or breaks? especially back, hip, knee or foot problems? Please specify even if problems are mild, and especially if they are chronic. Any surgery or steroid treatment related to condition?

**Endocrine:** Diabetes, menstrual problems, kidney disease, etc.? Dehydration? Frequent kidney or urinary tract infections? Immune deficiency or sensitivity?

**Cardio/Pulmonary:** Asthma? Heart murmur? Lung problems? Smokes cigarettes on a regular basis? Hay fever or other sinus problems? Severe nosebleeds? Blood pressure problems?

**Nervous System/Emotional Issues:** Depression? Severe anxiety? Attempted suicide? Other nervous system disorders?

**Vision:** Allergy effecting eye or vision? Wears contacts or glasses? Sensitive to bright sunlight?

**Auditory:** Any hearing loss? Frequent ear infections?

**Chronic illnesses:**

**Family issues that might affect the camper's experience?** Recent deaths or divorce, separation, or move from familiar friends or surroundings? Issues connected to drug or alcohol use? Other notable issues affecting his or her life?

What kind of year did your child have at school this year? Any big changes or adjustments? How is school going for them? Please write any information about these topics that you think would be helpful to us.

Please include anything else that would be helpful for us to know so that we can better understand and support your child.

**PLEASE USE THE BACK OF THIS PAGE TO ELABORATE on any of the information above.**