
MAUMC Camper Health Form

For:

All campers age 18 and under are required by law to have a completed health form on file at the camp site for use by the on-duty Health Officer during the camper's stay.

If you are an adult (over 18) registering as a camper it is best that you complete this form in case of emergency.

This form must be completed in full the first time; each year thereafter, it may be simply updated if new information needs to be recorded.

(Lake Huron Retreat campers will receive a health form directly from the camp.)

If you cannot complete this form here, please go to [www.umcamping.org/Resources/Camper Forms and Information](http://www.umcamping.org/Resources/Camper%20Forms%20and%20Information) to download and print the form. With this option, you will submit the paper health form at check-in on the first day of camp.

You are asked to repeat your contact information on this form because this form is separate from the registration and may be printed out by the Health Officer. For accuracy, it must contain complete information about the camper.

Camper's name - Last, First, Middle Initial (separate with commas)

Camper's date of birth mm/dd/yyyy

Camper's gender:

Male

Female

Street Address

City

State

ZIP

Custodial Parent/Guardian Name (last, first, separated by comma)

Phone number (cell preferred)

Alternate Parent/Guardian Name (last, first, separated by commas)

Phone number (cell preferred)

Additional Emergency Contact Name

Emergency Contact Number (cell phone preferred)

Emergency Contact Alternate Phone

Emergency Contact Relationship to Camper

For:

PARENT/GUARDIAN AUTHORIZATION Please read and sign, indicating your authorization:

1. This health form is correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted throughout this form.
2. I hereby give permission to the medical personnel selected by the Camp Site Director to provide routine health care, to administer medications, and to order X-rays, routine tests, and treatment for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the Camp Site Director to hospitalize, secure proper treatment, review my/my child's medical records, discuss my/my child's conditions with any medical personnel, and to order injection and anesthesia and/or surgery for me/my child as named above. This online form may be printed for use outside the camp.
3. I give permission for me/my child to be transported in a private vehicle if necessary.
4. I release all photos, videos, and audio recordings taken while at camp to Michigan Area United Methodist Camping (MAUMC) to be used for promotional purposes.

I do NOT give permission for my camper's photos, videos, or audio to be used for promotional purposes.

Parent/Guardian Signature:

Date:

CAMPER SIGNATURE I agree to abide by any restrictions placed on my participation in camp activities by my physician, and parents/guardian or as written herein. I agree to abide by the rules of camp and will endeavor to be a responsible and willing participant in the activities of the camp throughout the entire week. Failure to do so could mean expulsion from camp and forfeiting all fees.

Camper's Signature:

Date:

Check only if applicable. I have no known allergies.

I am allergic to certain FOODS. Describe reaction and management of reaction.

I am allergic to this MEDICATION(s): Describe reaction and management of reaction.

I am allergic to certain SUBSTANCE(s). Describe reaction and management of reaction.

MEDICATION: By law all medications must be locked securely in the Camp Health Center, unless required to be in the immediate possession/control of the user (i.e. inhalers, epi-pens, etc.) All medication, prescription and otherwise, must be in the original container and submitted. This includes psychiatric medications and Attention Deficit Disorder (ADD and Attention Deficit Hyperactivity Disorder (ADHD) medications. Inhalers/epi-pens will be distributed after check-in. The dosage/frequency schedule identified by the prescribing physician will be administered by the camp health provider.

Check only if true: I have no medication with me at camp.

For:

If medications are to be taken during camp, please list medications, both prescription and non-prescription.
State name,
Dosage,
Frequency of dosage, (specific times of day)
Reason for taking.
Separate with commas as shown above.

Medication #1:

Medication #2:

Medication #3:

Medication #4:

Medication #5:

Medication #6:

Medication #7:

Primary Physician Name:

Primary Physician Phone:

Dentist Name:

Dentist Phone:

Is camper covered by family medical/hospital insurance? yes no

Please bring a front-and-back photocopy of your insurance card to check-in at camp. OR - complete the fields below:

Name of primary insurance provider

Family Health Insurance Company Name:

Contract Number:

Plan Code:

Group Number:

A physical examination by a physician is NOT required for admission to camp. If the camper has had a physical exam within the last 12 months, you may bring a copy to check-in if you wish.

Are the camper's immunizations up-to-date? yes no

Please add the information below if available. It can be helpful in case of emergency.

MAUMC Camper Health Form (continued)

For:

Polio - date first completed:

Polio - date of last booster:

Mumps - date first completed:

Mumps - date of last booster:

Diphtheria - date first completed:

Diphtheria - date of last booster:

Tetanus - date first completed:

Tetanus - date of last booster:

Pertussis - date first completed:

Pertussis - date of last booster:

Measles - date first completed:

Measles - date of last booster:

Rubella - date first completed:

Rubella - date of last booster:

Hepatitis B - date first completed:

Hepatitis B - date of last booster:

Nutrition: The camp kitchens can work effectively with some medically prescribed diets, but does not cater to individual preferences. Please note dietary needs below.

Camper eats a regular, varied diet.

yes

no

Camper is lactose intolerant (be prepared to manage your intolerance using products such as Lactaid or food avoidance.)

yes

no

Camper is a vegetarian.

yes

no

Camper is a vegan.

yes

no

Camper is gluten intolerant.

yes

no

Describe any dietary needs or restrictions:

For: _____

Please check all that are applicable. If items marked ** are indicated, please contact the director or dean a minimum of 3 weeks prior to the camp event to assist us with our staff/volunteer and cabin assignments. Please help us to provide the best camping experience for your child!

- Has had a recent injury; illness; operation; or infectious disease
- Has a chronic illness/condition (colds; ear aches; sore throat; cough)
- Has autism spectrum disorder**
- Has ADD or ADHD**
- Has diabetes
- Has/had an eating disorder
- Has ever had a seizure
- Has a heart defect/heart disease
- Has hay fever; asthma; wheezing
- Has had mononucleosis in the past 12 months
- Has ever been stung by a bee
- Has trouble passing urine or bowel movements
- Wears glasses; contacts; or protective eyewear
- Has shortness of breath
- Has a history of sleepwalking
- Has a history of bedwetting
- Has/had menstrual problems
- Has a bleeding/clotting disorder
- Has dental problems
- If female - has been told about menstruation
- Has begun menstruation

If you checked any of the above items, please explain. Also describe any other past, current, or ongoing medical treatment, or any other relevant conditions not listed above.

Please describe any camp activities from which camper should be exempted for health reasons.

Confidential Camp Staff Guidance: Please describe any other emotional/social/physical condition which camp should be informed of. This would be anything that you feel is affecting your child positively/negatively, such as new baby, death, re-marriage or divorce, re-location of the family, illness in the family, etc. Include how you feel your child is affected in his/her relationship with others. The more we know about campers, the more helpful we can be.

Signature _____

Date _____