

Lucky Dog Camp HEALTH RECORD

Summer Time Adventures for boys and girls ages 4-12 www.luckydogcamp.com

HEALTH HISTORY/MEDICAL RECORD

This form is REQUIRED by New Jersey State Law. Campers MAY NOT attend without this on file.

To be completed by parent or guardian.

CAMPER INFORMATION

Child's last name _____ first name _____

Date of Birth _____ male _____ female _____ grade entering 2012 _____

Parent's name _____ email _____

Address _____ city _____ state _____ zip _____

Cell phone _____ home/work _____

EMERGENCY CONTACTS

Name _____ relationship _____ phone _____

Name _____ relationship _____ phone _____

MEDICAL INFORMATION

Physician _____ phone _____

Insurance carrier _____ Policy # _____

ALLERGIES

My child has No known allergies.

My child is allergic to: Food Medicine Environment (insect, grasses, etc.) Other

Describe what the camper is allergic to and the reaction seen:

Does your child have food restrictions? Yes No

Your child can participate in camp activities with out physical restrictions? Yes No

MEDICATIONS

Does your child have to take any prescribed medicine during camp hours? Yes No

If yes please complete "Prescribed Medicine Form"

The Medical Director will administer all medications. Your child will not be allowed to carry or self-administer any medications (with the exceptions of Epi-Pen or rescue inhaler) Please note that any medications, including OTC medications, inhalers and Epi-pen must all come in their original containers.

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IMMUNIZATIONS

Is your child up to date with immunizations? Yes No

A copy of the most recent immunization records must be attached

- DPT _____ Tdap (11 and older) _____ Polio _____
- Varticella (chicken pox) _____ influenza _____ Hep B _____
- Menacta (11 and older) _____ MMR _____
- My child is not vaccinated and I have included documentation with this Medical form.

ADDITIONAL MEDICAL INFORMATION

Check that all apply and provide an explanation. Does your child have/had any of the following? wear glasses or contacts. heart disease diabetes recent injury or illness infectious disease chronic reoccurring condition or illness

- seizures or convulsions frequent headaches asthma bleeding disorder
- any other condition, which requires our knowledge or special care. Explain
- _____
- _____

STANDARD TREATMENT OF CARE

Most injuries that occur at camp are minor scrapes and scratches. These are washed with warm water and soap or wound wash and a band-aid is applied. (Usually a treat is also administered!) However on occasion campers are stung by bees or encounter poison ivy. The health director could treat these ailments with over the counter ointments and gels, but this requires parental permission. Outlined below are the proposed treatments.

- Cuts and scratches are washed with warm water and soap or wound solution. Alcohol wipes, non-antibiotic and band aids may be applied as needed.
- Area exposed to poison ivy may be washed with Techu Poison Oak-n-Ivy soap; calamine lotion any be applied.
- Bee and insect stings may be treated with topical aesthetic swab (ie. StingKill- benzocaine 20%, menthol 1%, isopropyl alcohol 15%) and ice pack placed on the infected area.
- When warm water and soap are not readily available, camper may use hand sanitizer.

Yes, I give my permission to the camp to administer the above products to my child as part of the Standard Treatment of Care.

No, I do not give the camp permission to administer the above products to my child as part of the Standard Treatment of Care.

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EMERGENCY MEDICAL RELEASE

To the best of my knowledge, this health history is correct and complete and the person herein described has my permission to engage in all the camp activities except as noted.

In an Emergency, if neither I nor the persons named above can be reached, I hereby authorize the Camp Director/Health Director to take action deemed necessary for the best interest of my child, including the transportation for emergency room treatment. Permission granted to the medical personal selected by the camp to provide needed care including: routine health care, administration or medicines, X-Rays, routine tests and treatment: release records as needed for insurance purposes; to arrange transportation for emergency medical treatment.

Parent/Guardian signature _____ date _____

PHOTO PERMISSION CONSENT

I like to keep the website content up to date with photos of the campers enjoying camp. No names or identifiers will be used but the website can be seen by people all over the world.

I give my permission for my child's photo to be included on the Lucky Dog Camp website.

Parent/Guardian signature _____ date _____

