



# DAINAVA

15100 AUSTIN RD., MANCHESTER, MICH 48158

REF. PROCEDURE: Rule 127.2

## CAMPER HEALTH HISTORY RECORD

The following information is requested so that Camp Dainava and the sponsoring organization can provide appropriate care. Please fill out the information requested (please use the back of this form if additional space is required). "Authorized person" means a parent, guardian, or adult camper's emergency contact, as listed on the Camper Registration and Consent Form.

Camper's Name - Last		First		Middle		Sex	Date of Birth	
Does the camper have any of the	YES	NO		YES	NO		YES	NO
1. Hay fever, asthma, or wheezing			5. Diabetes			9. Speech problems		
2. Eczema or frequent skin rashes			6. Frequent colds, sore throats, ear aches			10. Menstrual problems		
3. Convulsions or seizures			7. Trouble with urination/ bowel movement			11. Dental problems		
4. Heart trouble			8. Shortness of breath			12. Other		
Please explain any problem areas identified above including any current infections or diseases:								
If camper is female and under 18, has she been told about menstruation? (answer if applicable)				Has she menstruated? (answer if applicable)				
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Please explain any special health, behavioral or emotional consideration(s) (include special conditions such as bedwetting, sleepwalking, etc.):								
Does the camper have any documented allergies? If YES, please describe reaction and required treatment, if any:								
Under what medical circumstances should the authorized person be notified (examples: fever over 100, sprains, broken bones, etc.):								
<b>Medications Needed or Used (Including Psychiatric).</b> Bring enough medication to last the entire time at Camp Dainava.						<b>Currently Being Given</b>		
Kind	Frequency		Dosage		<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>IMMUNIZATION</b>	Polio	Mumps	Diphtheria	Tetanus	Pertussis	Measles	Rubella	Other
Date Initial Immunization Completed								
Date of Most Recent Booster								
If there are any religious or personal objections that do not allow your child or you to receive immunizations, you must sign here stating that you object to immunization but certify that your child or you are in good health.								
<input type="checkbox"/> Yes <input type="checkbox"/> No								
Should the camper's activity be restricted because of any physical limitation or illness?						If yes, please explain degree of restriction:		
I give permission for the Camp Health Officer to administer over-the-counter medications as needed and all medications (prescription and over-the-counter) listed above. The following medications may be given according to manufacturer's label instructions: pain & fever medications, cold or allergy medications, and upset stomach remedies. I understand that Camp Dainava and the sponsoring organization reserve the right to send a camper home if he/she poses a threat to camp community health because of a communicable disease.								
<input type="checkbox"/> YES <input type="checkbox"/> NO								
I certify that this information is true to the best of my knowledge. I authorize the release of the medical information contained in this Health History Record to camp staff and any physician or health care provider involved in providing medical care to the camper.								
<b>Signature of camper or, if camper is under 18, of parent(s) or legal guardian:</b>							<b>Date</b>	