

2021 BLACK ROCK CAMPER & VOLUNTEER HEALTH HISTORY FORM

Camper Information (all is required)

Last Name _____	First Name _____	MI _____	Birthday ____/____/____	Age _____	Sex _____
Address _____			City _____	State _____	Zip _____

Parent & Guardian Information (all is required)

1st Parent or Guardian _____					
Address (if different) _____		City _____	State _____	Zip _____	
Home Phone _____	Cell Phone _____	Work Phone _____			
2nd Parent or Guardian _____					
Address (if different) _____		City _____	State _____	Zip _____	
Home Phone _____	Cell Phone _____	Work Phone _____			
If not available in an emergency, notify:					
Name _____			Relationship to camper _____		
Home Phone _____	Cell Phone _____	Work Phone _____			

Conditions & Diseases

_____ Asthma	_____ Ear Problems
_____ Heart Problems	_____ Stomach Upsets
_____ Seizures	_____ Bowel Disease
_____ Diabetes	_____ Bleeding/Clotting
_____ Psychiatric Treatment	_____ Night Terrors
_____ Anxiety/Panic Attacks	_____ Sleep Walking
_____ Depression	_____ Bed Wetting
_____ Recent Head Lice	_____ ADD/ADHD
_____ Sinus/Throat Problems	_____ Other (Specify): _____

Allergies

	Mild	Moderate	Severe
Animals _____	_____	_____	_____
Insect Stings _____	_____	_____	_____
Medication _____	_____	_____	_____
Other _____	_____	_____	_____
Food Allergies: <i>(serious allergies/dietary needs should be communicated with sbishop@brr.org & bpitcher@brr.org)</i>			
_____	_____	_____	_____
_____	_____	_____	_____

Immunizations

Are all immunizations up to date? <u>Yes</u> <u>No</u> Please list any immunizations that are not up to date: _____ _____ _____ _____ Date of last Tetanus vaccine: ____/____/____

Additional Medical Information

Operations or serious injuries (with dates) _____
Disability or chronic or recurring illness _____
Physical, emotional or intellectual disabilities _____
Activities limited by physician _____
Medically necessary dietary modifications _____
Current medication (we will take instructions at registration) _____
Other diseases or details of above _____

Health Care Providers & Insurance

Name of dentist/orthodontist _____	Phone _____
Name of family physician & practice _____	Phone _____
By signing this health form, I certify that the above named camper is healthy enough to be able to participate in camp activities. Date of last physical examination _____ (We recommend last physical examination be within 24 months of child attending camp).	
Does camper have health insurance? <u>Yes</u> <u>No</u>	
Carrier _____	Policy # _____ Group # _____

Legal Restrictions

Is there anyone who is legally restricted from seeing the camper? <u>Yes</u> <u>No</u>
If Yes, Name _____ Relationship to camper _____

Medical Release

I hereby certify that the health history information provided for the camper named above is correct so far as I know, and the person named herein has my permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to Black Rock Retreat Health Care Staff to administer over the counter, non-prescription medications such as Tylenol, Ibuprofen, cough syrup, antacids, etc. as needed. I give permission to the Health Care Manager and staff selected by Black Rock Retreat Personnel to administer prescribed medication as listed on the form, to perform treatment for minor injuries and illnesses, and to perform First Aid or CPR in the event of a more serious injury or illness. In the event I cannot be reached during an emergency, I hereby give permission for personnel selected by Black Rock Retreat to provide emergency care and treatment to the above named camper in the event of injury or illness. I also give permission for Black Rock personnel to secure needed professional medical treatment by a physician, EMS, or Emergency Room hospital staff as needed and to order X-rays, routine tests, treatment, and any necessary related transportation for me/or my child.

Parent or Guardian Signature _____

Witness _____ Date _____ (will be signed by Registrar when received)

***PLEASE MAIL THIS FORM WITH FINAL PAYMENT TO BLACK ROCK AT LEAST TWO WEEKS PRIOR TO YOUR CAMP DATE.
 *HIGHLIGHTED AREAS ARE REQUIRED! NON-HIGHLIGHTED AREAS ARE REQUIRED IF APPLICABLE TO YOUR CAMPER.**