

Rose Lake Youth Camp PO Box 95 LeRoy, MI 49655

Health History & Release Form

The information on this form is to gather and assists us in identifying appropriate care. This form is to be filled in by parents/guardians of the minors.

Your camper will attend camp: from _____ to _____ at _____ Day Camp Resident Camp

Camper Name _____ Last Name First Name Session Code _____ (Camp Use) Cabin Name or Group Number _____	Camper Name: _____ Male Female Birth Date _____ Grade in Fall _____ <small style="display: flex; justify-content: space-around; width: 100%;"> First Middle Last Month/Day/Year </small>
	Camper Home Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street Address City State Zip Code </small>
	<u>Parent/guardian with legal custody to be contacted in case of illness or injury:</u> Name: _____ Relationship _____ Preferred Phone: (____) _____ <small style="display: flex; justify-content: space-between; width: 100%;"> to Camper: </small>
	Home Address: _____ (If different from above) <u>Second parent/guardian or other emergency contact:</u> Name: _____ Relationship _____ Preferred Phone: (____) _____ <small style="display: flex; justify-content: space-between; width: 100%;"> to Camper: </small>
	<u>Additional contact in event parent(s)/guardian(s) cannot be reached:</u> Name(s): _____ Relationship _____ Preferred Phone: (____) _____ <small style="display: flex; justify-content: space-between; width: 100%;"> to Camper: </small>
	Allergies: No Known Allergies This camper is allergic to: Food Medicine The environment (insect tings, hay fever, etc.) Other <i>(Please describe below what the camper is allergic to and the reaction seen.)</i>
	Diet, Nutrition: Camper eats a regular diet Camper eats a vegetarian diet Camper has special food needs <i>(Please describe any special food needs.)</i>
	Restrictions: (The following restrictions apply to this individual.) Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other _____
	Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions. I have reviewed the program and activities of the camp and feel the camper can participate with restrictions. <i>(Please describe below)</i>
	Medical Insurance Information: This camper is covered by family medical/hospital insurance Yes No Insurance Company _____ Policy Number _____ Subscriber _____ Insurance Company Phone Number (____) _____
Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine test, and treatment related to the health of my child for both routine health care and in emergency situation. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. Signature of Custodial Parent/Guardian _____ Date: _____ Relationship _____ <small style="display: flex; justify-content: space-between; width: 100%;"> to Camper </small>	
(By typing your name you give Authorization for Health Care)	

General Health History: Check "Yes" or "No" for each statement. Explain "Yes answers below.

Has/does the camper:					
1. Ever been hospitalized?	Yes	No	11. Had fainting or dizziness?	Yes	No
2. Ever had surgery?	Yes	No	12. Passed out/had chest pain during exercise?	Yes	No
3. Have recurrent/chronic illnesses?	Yes	No	13. Had mononucleosis ("mono") during the past 12 months?	Yes	No
4. Had a recent infectious disease?	Yes	No	14. If female, have problems with periods/menstruation?	Yes	No
5. Had a recent injury?	Yes	No	15. Have problems with falling asleep/sleepwalking?	Yes	No
6. Had asthma/wheezing/shortness of breath?...	Yes	No	16. Ever had back/joint problems?	Yes	No
7. Have diabetes?	Yes	No	17. Have a history of bedwetting?	Yes	No
8. Had seizures?	Yes	No	18. Have problems with diarrhea/constipation?	Yes	No
9. Had headaches?	Yes	No	19. Have any skin problems?	Yes	No
10. Wear glasses, contacts or protective eyewear?	Yes	No	20. Traveled outside the country in the past 9 months?.	Yes	No

Please explain "Yes" answers in the space below, noting the number of the question. For travel outside the country, please name countries visited and dates of travel.

Health Care Provider:

Name of camper's primary doctor: _____ Phone: (____) _____

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Check what the camper should not be given.

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)
Phenylephrine decongestant (Sudafed PE)	Pseudoephedrine decongestant (Sudafed)
Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)
Sore throat spray	Generic cough drops
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	Aloe
Laxatives for constipation (Ex-Lax)	Calamine lotion
Antibiotic cream	

Medications Being Taken:

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep it in the original packaging/bottle** that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes No medications on a routine basis. OR		This person takes medications as follows:	
Med #1	Dosage _____	Specific times taken each day	_____
Reason for taking	_____		
Med #2	Dosage _____	Specific times taken each day	_____
Reason for taking	_____		
Med #3	Dosage _____	Specific times taken each day	_____
Reason for taking	_____		
Med #4	Dosage _____	Specific times taken each day	_____
Reason for taking	_____		

Attach additional pages for more medications.
Identify any medications taken during the school year that participant does/may not take during the summer _____

Immunization History: Are all immunizations current. Yes No If No is marked please explain

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Camper Release Form

To comply with the State of Michigan Law, Rose Lake Youth Camp must have the names of those adults you authorize to pick up your child. Please complete the following information and sign below. We will ask for photo identification at the time of pick up. **Please list all adults authorized to pick up your child including yourself.**

I give permission for _____ to be released to:

_____	_____
_____	_____
_____	_____

at the end of camp or should an emergency arise where my child has to leave camp.

Date: _____ Signature of Parent or Guardian _____
(By typing your name you consent that all information on this form is accurate)

Authorization for Audio/Visual Records

I understand that the RLYC may make certain reasonable recording of this camping event. I hereby authorize the RLYC to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate RLYC records, public relations and/or advertising.

Signature of Parent/Legal Guardian _____
(By typing your name you give Authorization for Audio/Visual Records)

For Camp Purpose Only:

Notes _____ Date / Time: _____ Initials: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____