

Circle R Ranch Camp Health Form

Health History and Examination Form for Children, Youth and Adults Attending Camps.

NOTE- THIS FORM MUST BE READ AND SIGNED BEFORE THE CAMPER IS ALLOWED TO TAKE PART IN ANY CAMP PROGRAM. BY SIGNING THIS FORM, THE PARENT AND CAMPER AFFIRM HAVING READ IT.

Name _____	Address _____
Parent Guardian _____	Home Phone: _____ Business Phone: _____
2nd Guardian or Emergency Contact: _____	Address _____
Emergency Contact: If not available in an emergency, notify:	Home Phone: _____ Business Phone: _____
Name _____	Home Phone: _____ Business Phone: _____

Parents, please complete

<p>Health History (Check. Give approximate dates)</p> <p>____ Frequent Ear Infections</p> <p>____ Heart Defect / Disease</p> <p>____ Convulsions</p> <p>____ Bleeding / Clotting Disorders</p> <p>____ Hypertension</p> <p>____ Mononucleosis</p> <p>Diseases</p> <p>____ Chicken Pox</p> <p>____ Measles</p> <p>____ German Measles</p> <p>____ Mumps</p> <p>Allergies (Dates not needed)</p> <p>____ Hay Fever</p> <p>____ Ivy Poisoning, etc.</p> <p>____ Insect Stings</p> <p>____ Penicillin</p> <p>____ Other Drugs</p> <p>____ Asthma</p> <p>____ Other (Specify) _____</p>	<p>Operations or serious injuries (dates) _____</p> <hr/> <p>Chronic or recurring illness or medical condition _____</p> <hr/> <p>Dietary restrictions _____</p> <hr/> <p>Current medications (send with instructions) _____</p> <hr/> <p>Other diseases _____</p> <hr/> <p>Name of Dentist/Orthodontist _____ Phone _____</p> <hr/> <p>Name of family physician _____ Phone _____</p> <hr/> <p>Do you carry family medical/hospital insurance? Yes No</p> <p>If so, indicate: Carrier _____ Policy or Group # _____</p> <p>If not, must complete waiver (call Circle R Ranch for form)</p>
<p>Suggestions on health related information for camp personnel _____</p>	

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For Females: (<i>Confidential Information</i>)					
Has this person menstruated?	Yes	No	If so, is her menstrual history normal?	Yes	No
If not, has she been told about it?	Yes	No			
Special Consideration _____					

Parents, please complete

Immunization History:

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) } DPT* Tetanus o r	1 2 3	1 2 3
Tetanus Diphtheria } TD* o r	.	.
Tetanus	.	.
Oral Polio (Sabin)* TOPV	.	.
Injectable Polio (Salk)	.	.
Measles (hard measles, red measles, Rubeola)	.	.
Mumps	.	.
Rubella (German measles, 3-day measles)	.	.
Other	.	.
Tuberculin test given (most recent)	.	.
Hemophilias influenza b (HIB)	.	.
Hepatitis B	.	.

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Health Care Recommendations by Licensed Physician

Due to camp policy, any camper or staff member with a physical restriction, such as, but not limited to, casts or slings, will not be permitted to ride horses.

I have examined the above camp applicant within the past two years. *Date Examined _____

In my opinion, the above's condition does does not preclude his / her participation in an active camp program.

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following condition(s)

Current treatment (include current medications).

ALL PRESCRIBED AND OVER-THE-COUNTER MEDICATION MUST BE IN ORIGINAL CONTAINER

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Does the applicant have epilepsy? Yes No Does applicant have diabetes? Yes No

Recommendations and Restrictions While at Camp

Any treatment to be continued at camp _____

Any medication to be administered at camp (specific dosages) _____

Any medically prescribed meal plan or dietary restrictions _____

Any allergies (food, drugs, plants, insects, etc.) _____

Activities to be encouraged or limited _____

Additional Health Information _____

Licensed Physician's Signature

Name _____ Signature _____

Address _____ Phone _____

Date of Form Completion _____ *By _____

* Initial if completed by nurse or physician's assistant.

Circle R Ranch Camp Health Form - Cont.

I hereby give consent for the camp director to provide me / or my child with emergency medical services, transportation, housing and meals associated with my child's registration as a camper. Additionally, I hereby agree that in the event I / my child elect(s) to obtain any of these services or medical treatments from any sources other than that provided or approved by the camp director, I accept full and complete responsibility.

I hereby give consent for the camp director to apply the following described rules of conduct for campers and understand that violations may result in full or partial forfeiture of my child's guest privileges:

1. The transporting, possession or unauthorized use of alcoholic beverages or illegal drugs is prohibited.
2. Any physical damage to a facility or any loss of items in a dormitory room (e.g. blankets, lamps, computers) ...will be paid for by those individuals assigned to the room in which the damage or loss occurs.
3. Posted quiet hours and other posted rules of conduct at various sites on premises will be observed at all times.
4. Gross misconduct (e.g. theft, fighting, malicious horseplay, internet violation), willful destruction of property, oracts considered an offense under federal, state or local laws/ordinances will not be tolerated.

I recognize that certain hazards and dangers are inherent in the Camp events and programs and particularly, but not limited to, the activities of horseback riding, swimming, canoeing and I acknowledge that although Circle R Ranch has taken all safety measures to minimize the risk of injury to camp participants, Circle R Ranch cannot insure nor guarantee that the participants, equipment, premises and / or activities will be free of hazards, accidents and / or injuries and death. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, safety regulations and procedures for the safety of all camp participants.

Important - This Box Must be Completed for Attendance*

This health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routing tests, treatment, and necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

**Signature of parent or guardian or
adult camper / staffer.** _____

Witness _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of minor _____ Date _____

*If for religious reasons you cannot sign this, then the Circle R Ranch should be contacted for a legal waiver which must be signed for attendance.

SEE ABOVE FOR **REQUIRED** PHYSICIANS SIGNATURE