

Vermont does not mandate a physician's signed health form; your answers are required to assist us in identifying appropriate care in the event of an emergency. Camp Neringa provides First Aid on site and has an agreement with Brattleboro Primary Care for medical treatments in the event of injury or illness.

HEALTH INFORMATION for CAMP NERINGA

Camper and Emergency Contact Information

Name _____
First Middle Last

Birth Date _____ / _____ / _____ Age at camp _____ Child's weight _____ Sex: M / F
Month Day Year

Home address _____
Street address City State Zip

Home (cell) phone _____ E-Mail _____

Name of parent(s)/guardian(s) _____

Best telephone number in case of emergency: Mother/Guardian _____ Father _____

If parent is not available in an emergency, please notify: Name _____ phone _____

Child's Physician _____ Physician's phone _____

Medical Insurance Information

****please attach copy of health insurance card; copy both sides of the card so information is readable**

This camper is covered by family/hospital insurance Yes No

Insurance company _____ Plan: _____

Policy Number # _____ Camper's relationship to contact holder/subscriber: _____

Insurance Company Phone Number: _____

Circumstances permitting a decision regarding care, should the camper be brought to

An emergency room or To a physician's office? _____

Parent Authorization if <18 years old

I give permission for my child to participate in the program and use the facilities at Neringa. To the best of my knowledge, my child is in sound health, and I know of no reason why my child cannot participate in the program.

In case of an accident or illness requiring immediate medical attention, I hereby give my permission to the staff selected by Camp Neringa to secure and administer treatment for the above named camper. I give my permission to Camp Neringa to provide or arrange necessary related transportation. I agree to indemnify Camp Neringa from any and all debts, liabilities and expenses incurred as a result of any medical treatment given to my child.

I give permission for my child to leave camp for supervised hikes or outings that may require transportation by car or bus.

I authorize the camp to take, use and publish photographs and videos of my child for its records or public relations program.

I agree to support the no technology policy and will make sure my child does not bring a cell phone or other technology to camp.

I have reviewed the camper rules with my child. I understand that my child will be withdrawn from camp programs without refund should s/he disrespect the rules of Camp Neringa or the physical and emotional health and safety of other campers.

Signature of parent/guardian _____ Date _____

Camper's Statement

I understand Camp Neringa's rules. I promise to respect the rules made for our safety. I understand that I will be sent home for inappropriate behavior, such as smoking, drinking alcohol, using illegal drugs, or bullying fellow campers.

I agree to not bring my cell phone or other technology to camp, and understand there will be consequences for not abiding by this policy.

Signature of camper _____ Date _____

Do not staple

General Health Questions for _____ (Explain "yes" answers below)

Camper's name

Has/does the camper:

- 1. Had any recent injury, illness or infectious disease? Yes No
- 2. Have a chronic or recurring illness/condition?..... Yes No
- 3. Ever had serious injury, accident or surgery?..... Yes No
- 4. Have frequent headaches?..... Yes No
- 5. Wear glasses/contact lenses?..... Yes No
- 6. Ever had frequent ear infections?..... Yes No
- 7. Have any skin problems?..... Yes No
- 8. Have diabetes?..... Yes No
- 9. Have asthma?..... Yes No
- 10. Ever had convulsions or seizures?..... Yes No
- 11. Have blood/bleeding disorders?..... Yes No
- 12. Have problems with diarrhea/constipation?..... Yes No
- 13. Have problems with sleepwalking?..... Yes No
- 14. Have a history of bed-wetting?..... Yes No
- 15. Ever had an eating disorder?..... Yes No
- 16. Ever had emotional difficulties or psychiatric issues? Yes No
- 17. Have ADD/ADHD or other learning disabilities?..... Yes No
- 18. Have a heart problem or murmur?..... Yes No

Please explain any "yes" answers, noting the number of the question. Indicate if the health condition requires medication, treatment, or special restrictions or considerations while at camp.

Which of the following has the camper had? Measles Chicken pox Mumps Rubella

Dates of Most Recent Immunizations

	Month/Year		Month/Year
MMR	_____	Hepatitis B	_____
Polio (TOPV)	_____	Varicella (Chicken Pox)	_____
DTaP/DPT/Td (Diphtheria, Tetanus, Pertussis)	_____	Tetanus	_____

If your child/camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being immunized or fully immunized

Signature of Custodial Parent/Guardian: _____ Date: _____

Allergies Please list all known allergies and describe reaction and management of the reaction

No known allergies; This camper is allergic to: Food Medicine The environment (i.e. insect stings, hay fever, animals, latex); Other

Medications Please list all medication (including nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Any medication brought to camp must be given to the camp First Aid Counselor with proper labels and instructions.

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

The camp physician has approved the following medications to be administered if needed, during camp hours. Please place a checkmark by the medications that meet with your approval. The dosage will be determined by your child's age and weight.

- Acetaminophen (Tylenol, etc.)
- Ibuprofen (Advil, Motrin, etc.)
- Diphenhydramine (Benadryl, etc.)
- Pseudoephedrine HCl (Sudafed, etc.)
- Laxative Tablets/ Anti-diarrhea pills
- Cough Drops (Halls, Ludens, etc.)
- Anti-itch cream (hydrocortisone, calamine, etc.)
- Guaifenesin DM (Robitussin, etc.)

Additional Information

Any food restrictions? _____

Any sports restrictions? _____

Is this your child's first prolonged stay away from home? _____ Is this your child's first sleep away experience? _____

Has your child ever had a problem with homesickness? If yes, please explain briefly. _____

Any additional information about the camper's behaviors and physical, emotional, or mental health about which the camp should be aware? How do you manage them? Any suggestions on how to manage them at camp?

Signature of Parent/Guardian _____ Date _____