

For camp office use only:

Camp session/year \_\_\_\_\_ Counselor \_\_\_\_\_ Cabin \_\_\_\_\_



# HEALTH HISTORY and MEDICAL INFORMATION

(To be completed and signed by parental guardian; please print legibly in ink.)



## GENERAL INFORMATION

Camper's first & last names \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent(s)/guardian(s) \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code+4 \_\_\_\_\_

Work telephone numbers (if applicable) of Mother \_\_\_\_\_ Father \_\_\_\_\_

Family physician's name \_\_\_\_\_

If applicable: Affiliated clinic/town of family physician \_\_\_\_\_ Telephone \_\_\_\_\_

If a parental guardian is not available in case of emergency, notify:

Name(s) \_\_\_\_\_ Telephone(s) \_\_\_\_\_

## HEALTH HISTORY and MEDICAL INFORMATION (CHECK ✓ ALL THAT ARE PERSISTENT HEALTH PROBLEMS.)

ADD/ADHD • Anorexia/Bulimia • Arthritis • Asthma • Bedwetting • Behavior challenges •

Bladder/Kidney problems • Constipation • Convulsions/seizures • (If applicable, type) \_\_\_\_\_ Depression

Diabetes • Diarrhea • Ear infections • Eczema • Fainting spells • Hay fever • Headaches •

Heart trouble • Hepatitis and/or known carrier • Homesickness • Hypertension • Menstrual cramps •

Nervousness • Nosebleeds • Rheumatic Fever • Sinus trouble • Sleep Walking • Ulcers •

Any other **CHRONIC** or recurring illnesses or conditions not listed above \_\_\_\_\_  
(Please include any necessary information regarding treatment or management.)

**Please contact program director Logan Gooch (701-263-4788) at least one week prior to your child's arrival at camp if there are any special challenges or considerations (e.g., diabetes; severe asthma; emotional, behavioral, or social disorder) for which our staff should prepare that will impact your child's camp experience. We want to meet your child's needs as best we can. Camp Metigoshe will take all reasonable efforts to reduce the chance of an allergic reaction, but, even with these efforts, there will still be some food made in the same facility as nuts, peanuts, and other allergens.**

Surgeries or serious injuries and dates \_\_\_\_\_

ALLERGIES: foods/medications/insects, etc. \_\_\_\_\_

Dietary concerns/restrictions \_\_\_\_\_

**MEDICATIONS** - All medications will be administered by camp staff except inhalers which will be self-administered by camper. All prescription medication must be appropriately labeled. Please list any routine daily medications including dosage and directions.

The camp has a supply of non-aspirin pain relievers, cough medicine, decongestants, antacids, and first-aid ointments which will be used as indicated following label instructions, so campers do not need to bring their own. Please state any concerns or give instructions regarding use of over-the-counter medications.

Physical activities to be encouraged or restricted \_\_\_\_\_

**IMMUNIZATIONS** Completion of the chart below is mandatory **OR** please attach a copy of the immunization record. Please list month and year of vaccination; do not use "current" or "up-to-date."

Date of last Tetanus Shot \_\_\_\_\_  
Month/Year

Pertussis (Whooping Cough) \_\_\_\_\_ **OR**  Not Vaccinated  
Month/Year

\*Please note, the pertussis vaccine may have been given in combination with the tetanus vaccine and would have been called DTaP or Tdap.

MMR \_\_\_\_\_ **OR**  Not Vaccinated  
Month/Year shot #1      Month/Year shot #2

Meningitis (MCV<sub>4</sub>) \_\_\_\_\_ **OR**  Not Vaccinated  
Month/Year

Chicken Pox \_\_\_\_\_ **OR**  Has had Chicken Pox **OR**  Not Vaccinated  
Month/Year shot #1      Month/Year shot #2

Hepatitis B (HBV) \_\_\_\_\_ **OR**  Not Vaccinated  
Month/Year shot #1      Month/Year shot #2      Month/Year shot #3

### FAMILY MEDICAL/HOSPITAL INSURANCE INFORMATION

Insurance Carrier \_\_\_\_\_ Name of Insured \_\_\_\_\_

Group Policy Number \_\_\_\_\_ Insured's Policy Number \_\_\_\_\_

**Please contact program director Logan Gooch (701-263-4788) at least one week prior to your child's arrival at camp if there are any special challenges or considerations (e.g., diabetes; severe asthma; emotional, behavioral, or social disorder) for which our staff should prepare that will impact your child's camp experience. We want to meet your child's needs as best we can. Camp Metigoshe will take all reasonable efforts to reduce the chance of an allergic reaction, but, even with these efforts, there will still be some food made in the same facility as nuts, peanuts, and other allergens.**

### PARENTAL GUARDIAN'S SIGNATURE TO THE FOLLOWING IS REQUIRED.

I attest that the health history and medical information are correct to the best of my knowledge. The person herein described has permission to engage in all prescribed camp activities, except as noted by me. I agree that Metigoshe Ministries and/or its personnel will not be held responsible for accidents or personal injury arising therefrom. I give permission for camp staff to provide over-the-counter medications according to label instructions, with any specific concerns regarding this noted on the front of this form.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director to order X-rays, perform routine tests, and treat my child; and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and order injection and/or anesthesia and/or surgery for my child named herein. I give my approval to photocopy this form for use out of camp.

PARENTAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IF YOU DO NOT COMPLETE THIS INFORMATION ONLINE AND CHOOSE TO SUBMIT A PAPER FORM, PLEASE MAIL TO THE CAMP OFFICE AT LEAST 2 WEEKS PRIOR TO THE BEGINNING OF YOUR CHILD'S CAMP. ADDRESS: METIGOSHE MINISTRIES, 10605 LAKE LOOP ROAD E, BOTTINEAU, ND 58318**

## PARENT'S PERMISSION TO RELEASE

(if applicable)

It is the policy of Metigoshe Ministries to not release any minor camper into the custody of anyone other than the camper's legal parent(s) or guardian(s) unless written consent is given by such parent or guardian.

Therefore, ***IF*** your child is to be released to a person(s) who is ***NOT*** his/her legal guardian, please complete the following.

Please release my child \_\_\_\_\_  
(print Camper's Name)

into the custody of \_\_\_\_\_  
(print Name of Person who is ***not*** the legal parent or guardian)

SIGNATURE OF LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_