

For Camp Office Use Only:

Voyageurs session _____ Counselor _____ Cabin # _____

2020 HEALTH HISTORY and MEDICAL INFORMATION

(To be completed and signed by guardian (if applicable). Please print legibly using a pen.)

CHECK WEEK CAMPER IS REGISTERING FOR CAMP

☐ June 8-11 ☐ June 22-25 ☐ June 29-July 2 ☐ July -16

GENERAL INFORMATION

Camper's first and last names _____ Gender _____ Birthdate _____ Age _____

Agency or group home (e.g., MVW; REM; Pride) _____ None ☐

City _____

Physician's name _____ Telephone(s) _____

If applicable: Affiliated clinic/town of physician _____ Telephone _____

In case of emergency, provide the name and phone number of A PERSON/GROUP HOME that can be easily contacted (including after hours) during the camp week.

NAME _____ HOME PHONE (____) _____

WORK PHONE (____) _____

MEDICAL/HOSPITAL INSURANCE INFORMATION

Insurance Carrier _____ Name of Insured _____

Group Policy Number _____ Insured's Policy Number _____

HEALTH HISTORY/MEDICAL INFORMATION

(CHECK ALL THAT ARE **PERSISTENT** HEALTH PROBLEMS OR ARE CURRENT CHRONIC CONDITIONS.)

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 _____ 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.)

Surgeries or serious injuries and dates _____

ALLERGIES: Foods _____ Medications _____ Insects _____ Other _____

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 (MCV₄) _____ **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

Please include any medical information which would help us meet the needs of this camper while at camp. _____

TRANSPORTATION ARRANGEMENTS Campers should arrive between 1:30 and 2:00 p.m. on Monday—not earlier, please. The camp week ends at 1:00 pm on Thursday. Please arrange for family or agency staff to arrive at 1:00 pm on Thursday.

PARENTAL GUARDIAN’S SIGNATURE TO THE FOLLOWING STATEMENT 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 and/or the examining health-care professional. I agree that Camp Metigoshe and/or its personnel will not be held responsible for accidents or personal injury arising therefrom. **EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, perform routine tests, and treat the person herein; 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 the person named herein. I give my approval to photocopy this form for use out of camp.

PARENTAL GUARDIAN SIGNATURE _____ DATE _____

**PLEASE MAIL THIS FORM TOGETHER WITH THE DAILY LIVING AND MED SHEET FORMS
TO THE CAMP OFFICE AT LEAST 10-14 DAYS PRIOR TO CAMP SESSION.**

Metigoshe Ministries • 165 Lake Loop Rd • Bottineau ND 58318-8242
