

PRINT CHILD'S LAST, FIRST NAME \_\_\_\_\_

Health History/Emergency Treatment Form

Week of Attendance: \_\_\_\_\_

Point Reyes Summer Camp 2012

This form must be postmarked or faxed on or before April 4, 2012 (earlier submissions are encouraged)

Mail to: Health Form, Point Reyes Summer Camp  
PRNSA, 1 Bear Valley Road, Bldg 70  
Point Reyes Station, CA 94956

FAX to: 415-663-8174  
Call 415-663-1200 x 306 to confirm fax was received.

**THIS FORM IS TO BE COMPLETED BY PARENT/GUARDIAN; NO DOCTOR'S APPOINTMENT IS NECESSARY.**  
**If your child has a medical condition or takes prescribed medication, it is likely we will contact you prior to camp.**  
Any changes to the information contained herein must be provided during camp arrival day check-in.

Camper Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_ Age at Camp \_\_\_  
Street Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
School \_\_\_\_\_ Grade in Fall 2012 \_\_\_\_\_

**POINT REYES SUMMER CAMP REQUIRES A MINIMUM OF FOUR EMERGENCY CONTACTS**

- 1. Custodial Parent or Guardian \_\_\_\_\_  
Day phone ( ) \_\_\_\_\_ Night phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_
- 2. Second Parent or Guardian or Local Relative or Close Family Friend \_\_\_\_\_  
Day phone ( ) \_\_\_\_\_ Night phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_
- 3. Local Relative or Close Family Friend \_\_\_\_\_  
Day phone ( ) \_\_\_\_\_ Night phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_
- 4. Local Relative or Close Family Friend \_\_\_\_\_  
Day phone ( ) \_\_\_\_\_ Night phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Insurance Carrier & Physician Information**

Is the participant covered by medical insurance?  Yes  No

Insurance Carrier or Plan Name \_\_\_\_\_ Group # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Required Parent/Guardian Authorization** I certify that this health history is correct and complete. I authorize that my child named herein has my permission to engage in all camp activities except as noted. I, the undersigned parent/legal guardian, do hereby give permission to the medical personnel selected by the Camp Director or designee to order x-rays, tests, and treatment; to release any records necessary for treatment, referral, billing, or insurance purposes; and to provide or arrange any necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the health care providers selected by the Camp Director or designee to secure and administer treatment, including hospitalization, for my child. I give my permission for this completed form to be photocopied for official camp purposes.

**(REQUIRED) Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

*\*If for religious reason, you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

**(Optional)** I authorize the Camp Director or designee at Point Reyes Summer Camp to administer **Tylenol (or children's Tylenol, if appropriate)** in the appropriate dosage for my child's age and weight if they deem necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

**Cabin Assignment** (PRSC permits only one friend request per child.)

My child would like to be placed in the same cabin with \_\_\_\_\_

**To reduce cliques and encourage openness, PRSC does not place groups of 4 or more friends in the same cabin.**

**Comfort Level at Camp**

My child has been overnight away from home \_\_\_\_\_ nights. Please describe: \_\_\_\_\_

My child has a tendency to experience homesickness  yes  no  not sure

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**MEDICATIONS**

Point Reyes Summer Camp staff is permitted to administer only those medications, including prescription and over-the-counter medications, vitamins, supplements, medicated creams and/or lotions, with current labels attached and contained in original packaging. We are legally bound to administer prescriptions and dosages exactly as written.

**Please list all medications including prescription and over-the-counter medications, vitamins, supplements, medicated creams and/or lotions you would like us to administer to your child during camp.**

My child will be taking NO medication while at camp.

My child will be taking the following medication(s) at camp:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Specific Dosage & Time \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Specific Dosage & Time \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Specific Dosage & Time \_\_\_\_\_

**HEALTH HISTORY** *circle yes or no* Please add additional pages, if necessary.

**Yes No Anaphylactic Reaction (life-threatening allergic reaction to insect sting, food, chemical, etc)**

Children diagnosed with severe allergic reaction/anaphylaxis, must bring 2 allergic reaction kits (Epipen & Benadryl).

Trigger, date and severity of last reaction \_\_\_\_\_

Check here if your child has been prescribed with and will be bringing 2 allergic reaction kits (Epipen & Benadryl).

**Yes No Asthma**

Trigger(s) and date of last attack \_\_\_\_\_

Check here if your child has been prescribed with and will be bringing 2 asthma rescue inhalers.

**Yes No Heart Condition** Details \_\_\_\_\_

**Yes No Diabetes** Details \_\_\_\_\_

**Yes No Epilepsy** Date and severity of last episode \_\_\_\_\_

**Yes No Frequent Severe Headaches, Nose Bleeds, Vomiting or Fainting**

Date and severity of last episode \_\_\_\_\_

**Yes No Difficulties with any of the following:**  Mobility  Speech  Hearing  Vision  Bedwetting

Details \_\_\_\_\_

**ALLERGIES** List all known.

Allergen Describe reaction and management of reaction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of most recent tetanus shot \_\_\_\_\_  Check here if date is not known

**Activity Limitations**

Describe any activity restriction(s) your child will require \_\_\_\_\_

\_\_\_\_\_

**Dietary Restrictions**

My child is not permitted to eat  Red Meat  Pork  Poultry  Seafood  Eggs  Dairy products

Other: \_\_\_\_\_

Please provide any additional information about your child's overall physical, emotional and/or behavioral tendencies about which the camp staff should be aware \_\_\_\_\_

\_\_\_\_\_

**GEAR LOAN FOR ADVENTURE CAMP I & ADVENTURE CAMP II ONLY** (age 12-16)

If possible, my child would like to borrow:  sleeping bag  backpack  sleeping pad

NOTE: When gear loan requests are numerous, those of scholarship recipients are given priority.