



2019 Camper Medical Form

Parent or Guardian Information

Name

Relationship to Camper(s)

Mailing Address

Email (where information should be sent)

Phone

Church or Organization Affiliation

Camper Basic Information

Name

Date of Birth

Gender

Race/Ethnicity

Height (in Feet and Inches)

Weight (Pounds)



Allergies & Dietary Information

Does your child have any allergies?

Yes (Allergy Type: Food, Drug, Environmental, or Other)

I am allergic to:

Allergic reaction details, date, and description:

No

Does your child require an EpiPen?

Yes (Please provide details about your child's anaphylaxis, including the date and description of the reaction):

Note: If your child requires an EpiPen, please provide two non-expired EpiPens.

No

Does your child have any dietary restrictions?

Yes (Please explain):

No

Medication & Treatment

Will your child be taking any medications while at camp?

Yes

Name of Medication

Date Started

What is the dose or amount given?



When is it given?

How is it given?

Please explain the reason for the medication and any notes on giving this medication to your child.

Note: Medicine must be brought to camp in its original packaging.

No

Will your child require any treatments while at camp?

Yes (Please explain what treatment(s) must be given to your child, including frequency):

No

Does your child regularly take any medications that will not be taken at camp?

Yes (explain what medications your child takes regularly and why they are taken):

No

Please choose the following over-counter medications that may be given to your child while at camp:

Acetaminophen (Tylenol)

Phynlephrine decongestant (Sudafed PE)

Antihistamines/allergy medicine (Benadryl, Diphenhydramine)

Sore throat spray

Lice shampoo or cream (Nix or Ellmite)

Calamine lotion

Pseudoephedrine decongestant (Sudafed)

Guaifenesin cough syrup (Robitussin)

Dextromethorphan cough syrup (Robitussin DM)

Generic cough drops

Aloe

Laxatives for constipation (Ex-Lax)

Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

ASA (Asprin)

Ibuprofen (Advil, Motrin)

Antibiotic ointment

Is there anything the camp needs to be aware of when giving any of the approved over-counter medications to your child?

Vaccination History

Please list the date of your child's most recent vaccination or booster, if any, for the following:

Diphtheria, Tetanus, Pertussis (DTaP or TdaP)

Dose 1 (Month/Year)

Dose 2 (Month/Year)

Dose 3 (Month/Year)

Dose 4 (Month/Year)

Dose 5 (Month/Year)

Tetanus booster (dT or TdaP)

Most Recent Dose (Month/Year)

Date

Measles, Mumps, and Rubella (MMR)

Dose 1 (Month/Year)

Dose 2 (Month/Year)

Polio (IPV)

Dose 1 (Month/Year)

Dose 2 (Month/Year)

Dose 3 (Month/Year)

Dose 4 (Month/Year)

Haemophilus Influenza type B (HIB)

Dose 1 (Month/Year)

Dose 2 (Month/Year)

Dose 3 (Month/Year)

Dose 4 (Month/Year)

Pneumococcal (PCV)

Dose 1 (Month/Year)

Dose 2 (Month/Year)

Dose 3 (Month/Year)

Dose 4 (Month/Year)

Hepatitis B

Dose 1 (Month/Year)

Dose 2 (Month/Year)

Dose 3 (Month/Year)

Hepatitis A

Dose 1 (Month/Year)

Dose 2 (Month Year)

Varicella (Chicken pox)

Had Chicken pox

Date



Varicella (Chicken pox)

Dose 1 (Month/Year)

Dose 2 (Month/Year)

Meningococcal Meningitis (MCV4)

Dose 1 (Month/Year)

Tuberculosis (TB) Test

Date

Negative or Positive

Are all other immunizations up to date according to the requirements from the NJ Health Department?

Yes

No (If you child has not been fully immunized, please explain):

Health History

Please check all items that your child has experienced or is currently experiencing. In the space at the bottom of the section please briefly explain each check boxed.

Ever been hospitalized

Ever had surgery

Recent injury

Fainting or Dizziness

Passed out/had chest pain during exercise?

Had mononucleosis ("mono") during the past 12 months?

Asthma/Inhaler

ADD/ADHD

Behavioral or Emotional Difficulties or an Eating Disorder

Diabetes

Epilepsy

Headaches

Problems Breathing, Wheezing, Shortness of Breath, or Coughing

Seizures

Sinus Infections

Back/joint problems



Uses eye glasses, contacts, or protective eyewear

Visual Problems

Skin Problems

Problems with falling asleep/sleepwalking?

History of bedwetting?

Problems with diarrhea/constipation?

Problems with periods/menstruation?

Does your child have recurrent/chronic illnesses?

Has your child been exposed to any communicable diseases within the last 3 months?

During the past 12 months, has your child seen a professional to address mental/emotional health concerns?

Has your child had a significant life event that continues to affect their life (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)?

Have your child experienced, or are currently experiencing, any other medical issues:

Does your child have any restrictions on activity?

Will your child require any special assistance while at camp?

Has your child traveled outside the country in the past 9 months?

Please list any other medical information the camp should have about your child.

Is there anything you would like to discuss with the camp medical staff?

If you have checked any of the boxes above, please explain:



Health Care & Health Insurance

Family Doctor

Family Doctor Phone Number

Family Dentist

Family Dentist Phone Number

Do you have medical insurance?

Yes

Full Name of Policy Holder

Policy Holder Phone Number

Employer Name (if insured through company)

Insurance Company/Plan Name

Insurance Company Phone Number

Health Insurance Policy Number

Insurance Group Name or Number

No

Medical Waiver

By submitting this form, I, the undersigned and the parent or guardian of the camper whose name appears above, agree that this camper has permission to participate in all camp activities (except as stated above) and agree that this camper and I have reviewed and agreed upon Next Generation Ministries, Inc. its staff and affiliates from any liability while my child is at camp and realize that every effort for safety will be made. This waiver of liability includes any damage or injury that results from my child's participation in the camp's activities or programs, including transportation to and from camp; any



off-site trips, such as for programming needs or in the event of rain or emergency; and to the extent that any such damage or injury may be caused wholly or in part by any act or omission, whether or not by reason of negligence, of Next Generation Ministries or due to the condition or design or any defect in any building, bus or equipment used by or at camp. I understand that in case of an emergency, every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the licensed health-care practitioner selected by the Camp Director to secure proper treatment, including hospitalization, anesthesia, surgery, x-rays, routine tests, or injections of medication for this camper. If I do not have medical insurance, I will take all financial responsibility of a hospitalization or medical care of my camper. I authorize the camp nurse to administer any prescribed medications to my child that are in their original bottles with written instructions. I affirm that the health information is above is correct and accurately reflects the health status of my camper. I understand that the information on this form will be shared on a “need to know” basis with camp staff. I give for this completed form to be reproduced. I give permission for the camp to obtain, if needed, a copy of my child’s health record from providers who treat my child, and these providers may talk with the camp staff about my child’s health status, if need be.

I agree

Parent or Guardian Signature