

TOWERING PINES/WOODLAND

Eagle River, WI 54521

NAME _____

SS# _____

Date of Birth _____ Age _____

Camp Insurance: Yes No

Male

Female

CAMPER HEALTH (must be updated within 6 months prior to camp season)

Parent _____ Cell Phone _____ Business _____

Home Address _____ Phone _____

Summer Address _____ Phone _____

Please check the illnesses your son/daughter has had:

- Measles
- German Measles
- Mumps
- Chicken Pox
- Asthma

- Diabetes
- Scarlet Fever
- Rheumatic Fever
- Epilepsy or Convulsions
- Bleeding Disorders

- Allergies:** Hay Fever
- Bee Sting
 - Skin Rashes
 - Medication _____
 - Food _____

Other illnesses, injuries, operations or past medical treatment: _____

Subject to: Ear-ache _____ Sore Throat/Strep _____ Nightmares _____ Sleep Walking _____

Bed Wetting _____ Motion Sickness _____ Infections _____ Other _____

Has your child been treated for lice/nits in the last 6 weeks? _____ If "yes" how were they treated? _____

Menstrual History: (Female) _____

Activity or diet restrictions: _____

Current medications; Prescription & over the counter (send IN ORIGINAL CONTAINER with instructions):

Name

Health issue

Instructions

1. _____
2. _____
3. _____

Parent Suggestions: _____

I hereby authorize the Director or medical personnel selected by Towering Pines/Woodland Camps to act on my behalf in event of emergency and in all matters of health and welfare of my child. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp to hospitalize and secure proper treatment for my child.

Date _____ Signature of Parent/Guardian _____

Health & Accident Insurance coverage provided by: _____	
Policy Holder _____	Policy # _____
Phone contact _____	Group # _____
Please attach copy of the front and back of your insurance card	

STATEMENT OF PHYSICIAN

*Is this patient up to date on necessary immunizations? _____ List date of booster: **Tetanus** _____

Is the camper under any medical or dietary regime that should be continued at camp? _____

Does he/she have any physical, mental or psychological condition that our nurse or camp doctor should know? _____

Your treatment recommendations or any restrictions: _____

Date of health exam: _____ (must be within the past 12 months)

On the basis of the examination on this day this child may participate in activities at summer camp.

Signature of Physician _____ Phone (_____) _____

Name/Address _____ Date Signed _____

***Please attach a copy of the patients health history & immunization chart** _____

Policy for Notifying Parents of a child's illness or injury

Parents will be notified by the RN or Camp Director if a significant illness or injury occurs. When a camper is taken to the Doctor's office or Hospital, we will notify the parent and inform them of their child's condition and subsequent treatment. We will also provide the name and phone number of the health care provider so the parent may speak with the Doctor directly.

A child may be admitted to the Health Center overnight for observation of a minor illness/injury or a low-grade fever. If a child needs to be observed and treated in the Health Center for more than 24 hours, the parent will be notified and informed of the situation.

Ongoing communication of a significant illness/injury will be discussed with each parent individually. We will make every effort to keep you updated on the progress of your child's condition to help alleviate your anxiety.

Your child's health and well being is our primary goal and we will make every effort to provide the "comforts of home" during their recuperation.

Please be advised: Campers who come to camp with an active case of head lice will be charged a \$225 flat fee for the camp personnel to treat.

Parent Initial _____