

**TOWERING PINES/WOODLAND**

Eagle River, WI 54521

NAME \_\_\_\_\_

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

Diabetes

**Allergies:**  Hay Fever

German Measles

Scarlet Fever

Bee Sting

Mumps

Rheumatic Fever

Skin Rashes

Chicken Pox

Epilepsy or Convulsions

Medication \_\_\_\_\_

Asthma

Bleeding Disorders

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 \_\_\_\_\_ SS # \_\_\_\_\_

Phone contact \_\_\_\_\_ DOB \_\_\_\_\_

**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 \_\_\_\_\_