

2021



A Ministry of: ohio valley region



Health History Form

This form is to be filled out by parent/guardian of minors or by adult camper/staff member themselves

Camper Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent or Guardian (or Spouse) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_

Health History: (Please check all that apply)

Frequent Ear Infection  Asthma  Diabetes  Heart Disease

ADHD/Behavioral Concerns  Seizures  Bleeding/Clotting Disorders

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

Recent Operations or serious injuries/illnesses (dates): \_\_\_\_\_

\_\_\_\_\_

\*\*TO BE FILLED OUT BY CAMP STAFF ONLY\*\*

Has the camper traveled out of the country in the past 14 days? Yes  No

If Yes, please indicate location(s): \_\_\_\_\_

Has the camper been exposed to any of the following communicable diseases in the past 14 days?

Lice  Strep Throat  Mono  Ringworm  Covid-19  Other

If Yes, please provide details: \_\_\_\_\_

Allergies: (Please check all that apply)

Insect Stings  Environmental  Medications  \_\_\_\_\_

Food  \_\_\_\_\_ Other \_\_\_\_\_

Dietary modifications: \_\_\_\_\_

Insurance: Do you carry family medical/hospital insurance or medical sharing? \_\_\_\_\_

Carrier: \_\_\_\_\_ Group # \_\_\_\_\_

Contract # \_\_\_\_\_

Please send a copy of Insurance Card (front and back)

Immunization History

Are all shots current? \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

Be sure to complete both sides

**Medication Schedule (Please complete this table as applicable or attach a larger table as necessary)**

Medication	Dosage	Times

All prescription medications should be in labeled RX bottles with campers name and instructions, to be dispensed as ordered by the prescribing physician.

Any camper who has a history of severe allergic reaction to foods or insect stings should have his own RX Epipen or equivalent emergency epinephrine administration kit with a current RX label.

It is recommended that campers bring any necessary OTC medication clearly labeled in original packaging with instructions from parents or personal physician for the individual camper. It will be stored in the dispensary for the exclusive use of the individual under the direction of the nurse.

**Standing Orders for Medication for Campers**

We grant permission for Ohio Brigade Camp medical personnel to administer the following non-prescription/over the counter (OTC) medications as deemed medically necessary (except as crossed out and initialed by parent /guardian)

**Oral Medications include:**

- Dramamine (dimenhydrinate) for motion sickness
- Aspirin for mild to moderate pain or fever (ages 15 and older only)
- Tylenol (acetaminophen) for mild to moderate pain or fever
- Motrin/ Advil (ibuprofen) for mild to moderate pain or fever
- Benadryl (diphenhydramine) for itching and mild allergic reaction symptoms
- Allegra (fexofenadine) for allergy symptoms
- Maalox for acid indigestion or upset stomach
- Pepto Bismol for upset stomach, indigestion or diarrhea
- Tums (calcium carbonate) for acid indigestion or upset stomach
- Imodium (loperamide) for diarrhea
- Mucinex tablets (Guaifenesin) for chest colds, etc.
- Sudafed (pseudoephedrine) for congestion and cold symptoms
- Robitussin (acetaminophen/dextromethorphan/guaifenesin/phenylephrine) for cough, sore throat, fever, body aches, nasal congestion and chest congestion
- Halls (menthol) for sore throat or cough suppression

**Topical Medications include:**

- Benadryl (diphenhydramine topical) for mild itchiness associated with insect bites, sunburn, minor skin irritation, burns and cuts
- Calamine for mild itchiness associated with insect bites, poison ivy and other mild skin conditions

**Topical cont'd:**

- Cortizone-10/ Cortaid (hydrocortisone) for rashes and skin inflammation
- Neosporin/Triple Antibiotic Ointment (neomycin/bacitracin/polymyxin) for prevention of minor skin infections caused by small cuts, scrapes or burns
- Bacitracin (bacitracin) for prevention of minor skin infections caused by small cuts, scrapes or burns
- Bengay (menthol/methyl salicylate) for minor aches and pain to muscles and joints
- Hydrogen Peroxide for disinfection of the skin to prevent minor skin infections caused by small cuts, scrapes or burns
- Isopropyl Alcohol for disinfection of the skin to prevent minor skin infections caused by small cuts, scrapes or burns

**Otic Medications include:**

- Auro Dri (isopropyl alcohol/ glycerin) to relieve discomfort from water clogged ears

**Optic Medications include:**

- Clear Eyes (glycerin/ naphazoline hydrochlorine) for relief of redness, burning, dryness and irritation of eyes
- Visine (tetryzoline) to relieve redness, dryness and itching/irritation of eyes associated with allergy symptoms

**Important - This Section Must Be Completed For Attendance**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Emergency Authorization: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine test and treatment of me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Ohio Brigade Camp medical staff or Director to hospitalize, secure proper treatment for, and to order injection and/or order anesthesia and/or surgery for me/or my child as named above. I hereby give permission to Health Care providers to release all Records pertinent to care provided to Ohio Valley Region, CSB Ministries, Inc. and its affiliates, and their personnel.

I also understand that in case of injury the participants medical insurance is primary and Ohio Valley Region CSB Ministries insurance is excess. This form may be photocopied for use out of camp.

Signature of minor's parent/guardian or adult camper/staff: \_\_\_\_\_

Date: \_\_\_\_\_

I also understand and agree to abide with the restrictions on my camp activities.

Signature of minor camper/staff: \_\_\_\_\_

**Be sure to complete both sides**