

Valley Mill Camp Health Form
15101 Seneca Road, Germantown, Maryland 20874
To be filled out by parent or guardian of minor

Child's Name _____ DOB _____ Sex ____ Age _____

Parent or Guardian _____ Home Phone _____

Work Ph (m): _____ Work Ph (d): _____ Cell Ph(m): _____ Cell Ph (d): _____

Home Address _____ Business Address _____

Parent E-mail(s) _____

Emergency Contact (if parent or guardian cannot be reached): _____

Phones: Home: _____ Work: _____ Other: _____

Family Physician (required): _____ Phone: _____

Date of last physical exam ___/___/___

Health History (check all that apply to your child, give details if necessary)

- | | | | | |
|--|---|--|--|-----------------------------------|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Asthma | <input type="checkbox"/> Psychiatric Treatment | |
| <input type="checkbox"/> Other _____ | | | | |

Does your child have any significant or chronic medical conditions? If yes, please describe:

What medications does your child take at home?

What medications* will your child need to be taking at camp? (Physician/Parent signed medication form is required)

* Please note: CONTROLLED SUBSTANCES--ie Ritalin, etc--taken by campers, must be DRIVEN to camp and may NOT be brought in on the bus.

Vaccines/Diseases (Check all that apply)

- Chicken Pox Measles German Measles Mumps Hepatitis Other _____

___/___/___ Date of Measle vaccination. If you have exemption status from the Measles vaccine (MMR), please provide written proof and submit it with this form.

Other Health Information: Please provide information on any medical conditions, psychological conditions, behavioral conditions, dietary restrictions, allergies, limitations, or special needs that we need to be aware of to ensure that your child has a positive experience at camp.

Allergic Reactions (Check all that apply)

- Hives Anaphylaxis Nausea Trouble Breathing Itching Local Swelling

Other: _____

Camper's Name: _____

PRN Medications: I give permission to Valley Mill Camp Staff to Administer the following medications to my child as needed (please check all that apply):

_____ Tylenol _____ Motrin/Advil _____ Benadryl _____ Other

Insurance Information:

Is your child covered by family medical/hospital insurance? Yes No

If so, carrier of Plan Name _____ Group # _____

Camper Immunization Information See: www.EDCP.com

Provide date (month/year) of child's last Tetanus shot (DTP) (do not leave blank) _____

Is your child attending a Maryland School private or public?

Yes, Provide the name of the Maryland school: _____

No, If your child is attending a school outside of Maryland, please attach a record of immunizations signed by a doctor confirming that the child has received all immunizations as required by Maryland DHMH, Recommended Childhood Immunization Schedule. See: www.EDCP.org for immunization information.

Is your child exempt from any immunizations on medical, or religious grounds?

Yes, Provide a copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

No

Please describe any limitation or restriction on your child's camp activities:

This history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian _____ Date ___/___/___

I understand and agree to abide with any restrictions placed on my camp activities.

Signature of camper _____ Date ___/___/___

Health forms are due April 1st. Please report any changes in your child's health to the camp nurse in writing.

Keeping the camp well informed will help our staff give the best possible care to your child.

Thank You.

