

**2009 VAUGHN ISLAND 4-H CAMP AND LEARNING CENTER**  
**HEALTH HISTORY AND MEDICAL AUTHORIZATION FORM**

Session(s)# \_\_\_\_\_

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Has participant ever attended Tanglewood before? Yes \_\_\_\_\_ No \_\_\_\_\_ Date(s) \_\_\_\_\_

**Instructions:** We ask that you complete this form in order to help assure that your child's camp experience will be healthy and happy. It is not necessary to have this form filled out by a physician, however, if you have a physical fitness form, completed by a physician, please attach it. **Please return this form as soon as possible.** Thank you for your cooperation.

**HEALTH HISTORY**

Please check below those that apply and give approximate dates where applicable.

_____ ADD/ADHD	_____ Anxiety	_____ Asthma	_____ Autism
_____ Bedwetting	_____ Behavioral issues	_____ Bleeding/Clotting disorders	_____ Bipolar
_____ Cramps (in water)	_____ Depression	_____ Diabetes	_____ Ear Trouble
_____ Eating Disorders	_____ Fainting	_____ Hay Fever or Allergies	_____ Headaches
_____ Heart Trouble	_____ Nosebleeds	_____ Seizures	_____ Sinus Infection
_____ Sore Throat	_____ Sleepwalking	_____ Other:	

**Diseases:**  
 \_\_\_\_\_ Chicken Pox  
 \_\_\_\_\_ Measles  
 \_\_\_\_\_ German Measles  
 \_\_\_\_\_ Mumps  
 \_\_\_\_\_ Hepatitis A, B, C

<b>Immunization Record:</b> (Or you may also provide an immunization history from your family physician.)			
_____ Diphtheria	_____ Mumps	_____ Tetanus	
_____ Haemophilus influenza B	_____ Pertussis	_____ Varicella (Chicken Pox)	
_____ Hepatitis B	_____ Polio		
_____ Measles	_____ Rubella		

**Yes No** (If "Yes" to any, please provide information.)

- \_\_\_\_\_ 1. Does this child now take a prescribed medication or treatment (including Homeopathic remedies)?  
 If yes, what, when and why? \_\_\_\_\_
- \_\_\_\_\_ 2. Is your child allergic to any food, drug, or other substance? If yes, please list all allergic substances and describe their reactions: \_\_\_\_\_
- \_\_\_\_\_ 3. Has your child ever had any unusual reaction to an insect bite or bee sting? If yes, explain.  
 (Does your child carry an anakit?) \_\_\_\_\_
- \_\_\_\_\_ 4. Is there any factor that makes it advisable for your child to follow a limited program of physical activity?  
 If yes, please explain \_\_\_\_\_
- \_\_\_\_\_ 5. Do you object to routine, over-the-counter medications such as Maalox, Tylenol, Benadryl (liquid), Pepto-Bismol, etc., given to your child?
- \_\_\_\_\_ 6. Is your child currently under the care of a physician? If so, please explain briefly. \_\_\_\_\_

What, if anything, do you want your child to be given in case of headache? \_\_\_\_\_  
 (over)

**Note:** If your camper has a medical condition which requires him/her to keep any medications on themselves for self-administration, we need a note, signed by their physician, indicating that they have such a need, and have been trained in its safe use. This includes such things as asthma inhalers, epi-pens, etc..

**Homeopathic Remedies:** Vaughn Island 4-H Camp does not authorize the distribution of Homeopathic remedies. However, Vaughn Island Camp respects that alternative therapies are an important choice for some people. If you are sending Homeopathic remedies to camp with your child, please describe on a separate sheet of paper, what they are to be used for and how they should be administered (if possible, with authorization from your own physician.)

**Additional Information:** Please attach any background information that might help us interact more effectively with your child and keep all campers safe.\* Information such as: if your child receives care or takes medication for: emotional, behavioral, learning and/or psychological concerns, if she/he has a tendency to refuse her/his medication, if she/he is frequently "ill", or if there is a history of homesickness, can help us to provide a better camp experience for your child. Feel free to use additional or separate sheet of paper. You may also contact our Health Care Provider prior to your child's arrival at camp. If our Health Care Provider has questions, they may contact you. Our goal is to provide the best possible environment for all children and your cooperation will be vital to this process. Thank you.

*\*(Remember, your child has already been accepted to our program – This information is private and only used to help make their stay at camp more successful.)*

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*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.*

**PARENT/GUARDIAN AUTHORIZATION**

I hereby authorize the Camp Staff to consent to medical treatment for my child, and to transport them if necessary. I will not hold these leaders responsible for the consequences of exercising this power so long as they act in good faith with the best interest of my child in mind. I further consent to any treatment by any hospital or physician which, in their judgment, is in the best interest of my child. I will not hold any hospital or physician responsible for the consequences of accepting my child for treatment upon receiving the consent of Vaughn Island Camp Staff and upon being shown this Medical Authorization. I expect to be informed of my child's condition and of treatment provided as soon as possible.\* In addition, I give permission to immunize my child if there is an outbreak of communicable disease and the State Center for Disease Control recommends immunization to prevent further spread of the disease.

**SIGNATURES OF PARENTS OR GUARDIANS** (both parents should sign, if possible):

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Parent or Guardian	Home Phone #	Work Phone #
Parent or Guardian	Home Phone #	Work Phone #

If we can not reach you, please name another person to contact in case of emergency:

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Name	Relationship	Phone
Family Doctor		Phone

Date of last doctor's visit or physical (attach copy if possible): \_\_\_\_\_

Does your child have health insurance? Yes \_\_\_ No \_\_\_ If yes, please list policy number and carrier.

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Today's Date: \_\_\_\_\_

*\*If for religious reasons you cannot sign this authorization, please contact the camp office.*