Wonder Valley
Outdoor Education Center

Health Examination Form

NOTE TO PARENTS: STUDENTS UNDER THE AGE OF 18 WILL NOT BE ACCEPTED WITHOUT A COMPLETED HEALTH FORM. THIS IS FOR YOUR PROTECTION. PLEASE NOTIFY THE CAMP IF THIS CHILD IS EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS PRIOR TO CAMP ATTENDANCE.

Student Information:
Last Name:_____ First Name:_____

Age :_____ Birthdate:____/____/_____ School Name: _____

Guardian#1 First and Last Name:_____ Phone #: (____) _____-_____

Address:_____City:_____State:_____ Zip code:_____
_
Guardian #2 First and Last Name:_____ Phone #: (____) _____-_____

Address:_____City:_____State:_____ Zip code:_____

Non-Guardian Emergency Contact :

1. Name:_____Relationship:_____

Address:_____ Phone #: (____) _____-_____

2. Name:_____ Relationship:_____

Address:_____ Phone #: (____) _____-_____

Insurance Carrier:_____ Phone #: (____) _____-_____

Insurance Address:_____

Policy Holder's Name:_____ Policy Holder's Birthdate: ____/____/_____

Relationship to Student:_____ SSN and Insurance ID:_____

Policy #:_____ Group #:_____ RX Bin #:_____

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___ Abscessed Ears	___ Bed Wetting	___ Chest Pains/Dizzy	___ Skin Problems
___ Glasses/Contacts	___ Heart Condition	___ High Blood Pressure	___ Colds
___ Head Injury	___ Panic/Anxiety	___ Poison Ivy/Oak	___ Whooping Cough
___ German Measles	___ Clotting/Anemia	___ Chicken Pox	___ Lice
___ Mumps	___ Hepatitis A	___ HIV	___ Eating Disorder
___ Back Problems	___ Hepatitis B	___ Short Breath	___ Tuberculosis
___ ADD/ADHD	___ Hepatitis C	___ Constipation	___ Measles
___ H1N1	___ Poliomyelitis	___ Sinusitis	___ Mono (Last 12 months)
___ OCD	___ Rheumatic Fever	___ Depression	
___ Asthma	___ Seizures	___ Ehlers Danlos	
___ Athlete's Foot	___ Bronchitis	___ Diabetes	

I Attest That All My Child's Immunizations Required for School Are Up To Date: Yes_____ No_____

Operations or Serious Injuries:_____
Allergic Reactions: Bee Stings:____ Penicillin: ____ Other: _____
Details of Above or Additional Information i.e. Special Dietary Needs: _____
_____

Any Medications Your Child Is To Take While At Camp: _____
_____
Please fill out the attached Medication Form for EACH medication your child will bring to camp

Any Specific Activities To Be Restricted: _____

Over The Counter Medications: (Please Specify Y/N To All Listed Medications)

_____ Acetaminophen (Tylenol)	_____ Antidiarrheal (Maalox)	_____ Bismuth Subsalicylate (Pepto)
_____ Calamine Lotion	_____ Chamomile Tea	_____ Cough Drops
_____ Ibuprofen (Advil)	_____ Tolnaftate (Tinactin)	_____ Guaifenesin (Mucinex)
_____ Diphenhydramine (Benadryl)	_____Chlorpheniramine Maleate (Robitussin Cough & Allergy Syrup)	_____ Pseudoephedrine Hydrochloride (Advil Cold & Sinus Products)

IN CASE OF AN EMERGENCY: I HERBY GIVE MY PERMISSION TO THE PHYSICIAN SELECTED BY Western Camps Inc. TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD, AS NAMED ABOVE.

SIGNATURE:_____ DATE:_____

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2022 Health Examination Form

Medical Professionals:

Doctor:_____ Dentist:_____

Orthodontist:_____ Mental Health:_____

Permission To Contact Providers? Yes_____ No_____

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Medication Form

Name of student: _____

All medications (including all OTC meds such as vitamins, Tylenol, Advil, etc.) must be clearly labeled with the student's name, name of medication and instructions. Infirmary staff will not give medications not properly labeled.

Medication Name:_____

Reason for taking (diagnosis): _____

Dose: _____

Medication is to be taken

___ Only as needed
___ Daily
___ Other: _____

How often:

___ Breakfast (8:30-9am)
___ Lunch (11:30-noon)
___ Dinner (5:30-6pm)
___ Before Bedtime (8:30pm-9: l5 pm)
___ Other times: _____

Administration:

___ Oral
___ Topical
___ Inhaler
___ Injection
___ Eye drops
___ Ear drops
___ Other"____ _____ _____

Please also answer the following questions:

When is the first dose to be taken at camp?
_____

Can medication time be changed to accommodate student's schedule? (ie:10:00AM to Lunch)
___ Yes ___ No

Is the label on RX the same as instructions on this form?
___ Yes ___ No, why? _____

Is medication to be taken throughout student's stay?
___ Yes ___ No

This form should be completed for each medication brought with your child.