UNITE CAMP HEALTH AND ACTIVITY RECORD

Please complete, sign, and date this form for all campers. **Do not mail. Do not fax. Form must be turned in upon arrival.**
(If form is incomplete, parents or guardian will be called) ***Please Print***

LAST NAME	**FIRST NAME**	**MIDDLE INITIAL**

	DATE OF BIRTH	**MALE**	**FEMALE**	**DATES ATTENDING CAMP**
		☐	☐	

Group Information:

School attending with	**Teacher/Classroom**

Parent or Guardian	**Full Name:**	**Telephone Numbers With Area Codes**
		Home ( )
	Address	Work ( )
	City **State**	**Zip code**
	Email:	

IF NOT AVAILABLE IN AN EMERGENCY NOTIFY: (PREFERABLY RELATIVES)	**Telephone Numbers With Area Codes**
Name	**( )**
Name	( )

Family Health Insurance Information	Name of Company	Policy/Group Number
	Contact Person	Telephone Number
		( )
	Parent/Guardian Name	

SPECIAL MEDICAL PROBLEMS, CONDITIONS OR RESTRICTIONS:

LIST MEDICINES? (STATE LAW REQUIRES THAT ALL MEDICATIONS, INCLUDING VITAMINS, TYLENOL, ETC, BE GIVEN TO THE CAMP NURSE. ALL MEDICATIONS MUST IN THEIR ORIGINAL CONTAINERS.

MEDICATIONS ALLERGIC TO AND OVER THE COUNTER MEDICATIONS YOUR CAMPER MAY NOT HAVE:
☐ No Known Allergies ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ Other (insect stings, hay fever etc.)

IS CHILD TROUBLED WITH BED-WETTING? **YES** ☐ **NO** ☐

ABLE TO PURSUE ALL NORMAL ATHLETIC ACTIVITIES? **YES** ☐ **NO** ☐ If no, explain.

IF CAMPER HAS HAD ANY OF THE FOLLOWING PLEASE CHECK THE BOX AND INCLUDE YEAR OCCURRED:

_____ ☐ Anemia	_____ ☐ Asthma	_____ ☐ Bronchitis
_____ ☐ Chicken Pox	_____ ☐ Chorea	_____ ☐ Chronic Intestinal Problems
_____ ☐ Diabetes	_____ ☐ Diphtheria	_____ ☐ Eczema
_____ ☐ Insulin	_____ ☐ Epilepsy	_____ ☐ Frequent Colds
_____ ☐ Non-Insulin	_____ ☐ Frequent Sore Throats	_____ ☐ HIV Positive
_____ ☐ Hay Fever	_____ ☐ Hearing Problems	_____ ☐ Hives
_____ ☐ Infectious Jaundice/	_____ ☐ Inflammatory Bowel Disease	_____ ☐ Kidney Disease
Hepatitis	_____ ☐ Malaria	_____ ☐ Malignancy
_____ ☐ Measles	_____ ☐ Mononucleosis	_____ ☐ Mumps
_____ ☐ Operations	_____ ☐ Orthopedic Problems	_____ ☐ Otitis Media
_____ ☐ Pneumonia	_____ ☐ Polio Myelitis	_____ ☐ Rheumatoid Arthritis
_____ ☐ Rheumatic Fever	_____ ☐ Rubella (German)	_____ ☐ Scarlet Fever
_____ ☐ Sinusitis	_____ ☐ Speech Defect	_____ ☐ Tuberculosis or TB Contact
_____ ☐ Venereal Disease	_____ ☐ Whooping Cough	

Proof of immunization, required by law, must contain SPECIFIC REFERENCES to those diseases, dates and doses. Immunizations must be updated if not in accordance with state regulations.

- **Proof of Measles** means two doses of measles vaccine on or after your first birthday and at least 30 days apart (preferably three months), and/or a physician-documented history of the disease or serologic evidence of immunity.
- **Proof of Rubella** means one dose of rubella vaccine on or after your first birthday or serologic evidence of immunity.
- **Proof of Mumps** means one dose of mumps vaccine on or after your first birthday, a physician-documented history of the disease, or serologic evidence of immunity.

☐ THE SCHOOL HAS MY CHILDS IMMUNIZATION RECORD ON FILE.

OR

☐ I AM ATTACHING MY CHILDS CURRENT IMMUNIZATION RECORD.

The schools copy of immunization records is current.

Parent/Guardian _____ Date _____

The health and immunization history are correct so far as I know. My son/daughter has permission to engage in all prescribed camp activities which include but are not limited to hiking, playing sports or general physical activity, except as noted by me and the examining physician and has permission to leave the camp grounds for camp related outings and purposes. I realize that my campers' picture and/video may be used in the camp photo/video made available online.

Unite Camp is a non-profit charitable organization. Those who use Unite Camps' facilities and /or engage in related activities waive and release Unite Camp from any claim for personal injury or property damage. Attendees agree to carry insurance and/or cover the expenses related to personal injury or property damage.

Illegal drugs, weapons and similar items are not permitted at camp. Unite Camp reserves the right to search for and remove such items from anyone suspected of possessing them. I understand that all medications, vitamins, etc must be given to the camp nurse upon arrival and that they must be in the original containers.

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests and treatment for my son/daughter. In the event I cannot be reached I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for my child as named above. I hereby give permission for the camp nurse to administer over the counter medications to my child per manufacturers guidelines except as noted above.

Campers wishing to leave early must be picked up by parent(s) guardian(s) who sign this health form. Anyone other than the parent must have written permission signed by the same parent/guardian who has signed this form. The camp reserves the right to refuse dismissal without proper identification.

Signature of Father/Guardian(s):_____Date:_____

Signature of Mother/Guardian(s):_____Date:_____