

ADULT CAMPER HEALTH HISTORY— BEAVER CREEK YOUTH CAMP—2018

Please return this completed form to:
 Beaver Creek Youth Camp
 P.O. Box 186
 South Fork, CO 81154
 Phone: (719) 873-5311
 Fax: (719) 873-0178
 manager@beavercreekcamp.org

Adult Camper's Name _____
 Date of Birth _____
 Male Female

1. Complete and sign part A of this form.
2. Provide parts A and B of this form to your health-care provider for review of part A and completion of part B.
4. After this whole form has been completed and signed (by you and your health-care provider), make a copy and send the original to Beaver Creek as soon as possible.

Please note: Colorado state law requires that no one remain in camp without proper medical records on file.

Home Address: _____
 City: _____ State: _____ Zip _____
 Preferred Phone #s () _____ () _____ Email: _____

Person to contact in case of emergency:

Name: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip _____

- Allergies:** No known allergies
 Food—
 Medicine—
 Environment (insect stings, hay fever, etc.)

- Diet, Nutrition:** Regular diet Regular vegetarian diet Lactose intolerant Gluten intolerant
 Other, Please explain—

- Restrictions:** I have reviewed the program and activities of the camp and feel I can participate without restrictions.
 I have reviewed the program and activities of the camp and feel I can participate with the following restrictions or adaptations—

Health-Care Providers:

Primary doctor(s) _____ Phone () _____
 Dentist _____ Phone () _____

Authorization for Health Care: This health history is correct and accurately reflects my health status. I am able to participate in all camp activities except as noted by me and/or examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to my health for both routine health care and in emergency situations. If I can not speak for myself, I give my permission to the physician to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery for me. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my health record from providers who treat me and these providers may talk to the camp staff about my health status.

Signature _____ **Date** _____

Camper's Name

Birth Date

Cabin

Revised 1/19/2018

ADULT CAMPER HEALTH HISTORY— BEAVER CREEK YOUTH CAMP—2018

Adult Camper's Name _____ Date of Birth _____

INSURANCE INFORMATION

Insurance company _____ Phone # _____ Group or Plan Number _____

Address _____ City _____ State _____ Zip _____

Please provide a copy of your insurance card.

If you are not covered by health insurance, please check here and read and sign the following statement:

I am not covered by health insurance and I agree to pay my own health expenses . _____

Signature

Medication: "Medication" is any substance a person takes to maintain and/or improve health. This includes vitamins, food supplements, and natural remedies. By Colorado state law, **all medications (prescription and over the counter) must be in the original pharmacy (or manufacturer) containers with labels.** Prescription medications must show the camper's name and how the medication should be given. All medications (except inhalers & Epinephrine Pens) must be turned into the camp medical center and will be dispensed from there. **Provide enough of each medication to last the entire time at camp.**

I will not take any daily medications while attending camp.

I will take the following medication(s) while at camp.

Name of Medication	Date started	Reason for taking	When it is given	Amount or dose	How is it given
			<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other time _____		
			<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other time _____		
			<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other time _____		
			<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other time _____		

Emergency Inhaler/Epinephrine Pen Authorization: Emergency inhalers or epinephrine pen may be carried by employees with a **physician's authorization.** Please bring at least one extra inhaler/epinephrine pen to keep in the camp infirmary as a back up. *I hereby acknowledge that I will carry a prescribed emergency inhaler and/or epinephrine pen on my person while attending Beaver Creek Youth Camp:*

Signature: _____ **Date:** _____

The following non-prescription medications may be stocked in our medical center and may be used to manage illness and injury of campers. **Please cross out those that should not be given me.**

- | | | | |
|--------------------------|-----------------------------|-----------------------|--|
| Ibuprofen | Loratadine | Cough Drops (menthol) | Double (or Triple) Antibiotic Ointment |
| Nix (lice shampoo) | Acetaminophen | Diphenhydramine | Dextromethorphan |
| Hydrocortisone Cream | Antacid (Calcium Carbonate) | Pseudoephedrine | Calamine Lotion |
| Loperamide Hydrochloride | Opcon-A Ey Drops | Aloe Vera Gel | |

ADULT CAMPER HEALTH HISTORY— BEAVER CREEK YOUTH CAMP—2018

Adult Camper's Name _____ Date of Birth _____

General Health History:

Have you:

- 1. Ever been hospitalized?..... Yes No
- 2. Ever had surgery?..... Yes No
- 3. Have recurrent/chronic illness? Yes No
- 4. Had a recent infectious disease? Yes No
- 5. Had a recent injury:..... Yes No
- 6. Had asthma/wheezing
shortness of breath?..... Yes No
- 7. Have diabetes?..... Yes No
- 8. Had seizures? Yes No
- 9. Had headaches?..... Yes No
- 10. Wear glasses, contacts,
protective wear?..... Yes No
- 11. Had Fainting or dizziness?..... Yes No
- 12. Passed out/had chest pain
during exercise?..... Yes No
- 13. Had mononucleosis ("mono")
during the past 12 months?.... Yes No
- 14. If female, have problems with
periods/menstruation?..... Yes No
- 15. Have problems with falling
asleep/sleep walking?..... Yes No
- 16. Ever had back/joint problems? Yes No
- 17. Have a history of bedwetting? Yes No
- 18. Have problems with diarrhea/
constipation?..... Yes No
- 19. Have any skin problems?..... Yes No
- 20. Traveled outside the country
in the past 9 months? Yes No

Please note the question number and explain all yes answers below. Attach additional information if necessary.

Mental, Emotional, and Social Health:

Have you:

- 21. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?..... Yes No
- 22. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
- 23. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
- 24. Had a significant life event that continues to affect your life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, other)

Please note the question number and explain all yes answers below. Attach additional information if necessary

25. Have we missed anything? Yes No Please provide additional information that may affect your ability to participate in camp programs.

ADULT CAMPER HEALTH HISTORY FORM PART B—MEDICAL PROFESSIONAL EVALUATION

Please return this completed form to:
 Beaver Creek Youth Camp
 P.O. Box 186
 South Fork, CO 81154
 Phone: (719) 873-5311
 Fax: (719) 873-0178
 manager@beavercreekcamp.org

These medications are stocked in our camp's health center and will be used to manage illness and/or injury of this employee.
 Please **CROSS OUT** those that are contraindicated for this person.

Acetaminophen
 Aloe
 Bismuth subsalicylate
 Calamine Lotion
 Chlorpheniramine maleate
 Chloraseptic
 Cough Drops
 Dextromethorphan
 Diphenhydramine
 Epinephrine
 Guaifenesin DM
 Hydrocortisone Cream
 Ibuprofen
 Ivy Dry
 Kaopectate
 Laxatives
 Nix or Elimite
 Pseudoephedrine

Authorization

By signing this form, you are telling us that, in your opinion, this person is both physically and emotionally ready to participate as an adult camper at our camp, except as noted in your comments.

Signature _____
 Date _____

To Health Care Professionals & Staff:

Colorado state law stipulates *Each participant (at a resident camp) must complete a current health history and must have been examined within the last 24 months by a licensed medical health care professional approved to perform physical examinations.*

The health history must be completed within 90 calendar days of the beginning the camp session.

Participation at Beaver Creek Youth Camp involves physical activity and requires the individual to be outside in a variety of weather conditions. Our healthcare staff and the camp management use the information on this form to guide their interface with the campers. You may also speak to one of our camp professionals by calling (719) 873-5311. Thank you!

1. Does this person have a chronic health problem(s) that may prevent him or her from participating in certain camp activities?

No Yes Asthma Allergies Diabetes
 Other _____

2. To what is this person allergic? No Allergies

- a. _____ Causes anaphylaxis
- b. _____ Causes anaphylaxis
- c. _____ Causes anaphylaxis

Note: Our expectation is that the campers will have an Epinephrine pen and know how to use it if anaphylaxis a concern.

3. Does this person take medications that may prevent fulfilling participating in certain camp activities? No medication that impacts camp participation.

- a. _____
- b. _____

4. Describe the treatment(s) needed by this person to maintain their ability participate in camp activities. None needed.

Treatment as follows _____

5. Describe any significant finding about this person and/or describe any limitations that may impact the camper's participation in camp activities.

No significant findings.
 Findings as follows: _____

6. Is there anything else the camp management should know about this person's ability to participate in camp activities? _____
