



# Summer Day Camp Health History Form 2022

Camp Attending:  Jockey Hollow  Lake Rickabear

This Health History Form **Must** Be Completed No Later Than June 1, 2022.  
 The form is to be completed and signed by the camper's parent/guardian.  
 A doctor's signature is **NOT** required for this health form.

Camper Name: \_\_\_\_\_

Girl Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Grade in Sept. 2022: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Do both parents have custody?  Yes  No If no, who is the custodial parent/guardian?

\_\_\_\_\_

If a non-custodial parent is denied access to a child by a court order, you must provide camp with a copy of the documentation.

## Emergency Contact (Will only be contacted if the parents/guardians are not available).

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**General Health** Date of last health exam: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

I have included a copy of my child's current immunization record. (Include Covid-19 vaccine if applicable).

My child is not immunized; I'm including a GSNNJ waiver. (Email [healthforms@gsnnj.org](mailto:healthforms@gsnnj.org) for waiver).

## Please provide most recent dates for all that apply to this camper:

	Frequent Ear Infections		Musculoskeletal Disorder
	Heart Defect/Disease		Chronic or Recurrent Illness
	Convulsions		Diabetes:
	Blood Disorders		Glucose testing? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Hypertension		On Insulin? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Psychiatric Treatment		Pump or Injection? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Mononucleosis		Asthma:
	ADHD		Use of inhaler? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Autism Spectrum Disorder		Self-Administer? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Sickle Cell Trait/Disease		Seizures <i>Most recent:</i>

Session/s: \_\_\_\_\_

**Allergies:** Describe reaction if known.

**REQUIRED:** Please send any allergy or asthma action plan(s) specific to your child.

Insect Stings:	Poison Ivy:
Food Allergies:	Hay Fever:
	Other Allergies:
Penicillin:	Prescribed Epipen? <input type="checkbox"/> No <input type="checkbox"/> Yes
Other Drugs:	Can Self Administer Epipen? <input type="checkbox"/> No <input type="checkbox"/> Yes

Please complete page 2

**Medication taken routinely** (prescription and OTC): \_\_\_\_\_

Can your child participate in all camp activities as described in the camp description?

- Yes, she is in good health and can participate without any accommodations.  
 Yes, she can participate with reasonable accommodations in respect to health or physical special needs.

Describe: \_\_\_\_\_

No, she needs to be exempt from the following activities: \_\_\_\_\_

Hospitalizations/Operations/Injuries: \_\_\_\_\_

Is the camper currently under the care of a physician or psychologist?  No  Yes, please specify:

Has she started menstruation?  No  Yes

Any additional information we should know about your child's health and well-being? \_\_\_\_\_

Please feel free to include/attach any additional significant health information that will assist us in providing an enriching day camp experience for your camper.

### **EMERGENCY MEDICAL AUTHORIZATION**

I give consent for my child, \_\_\_\_\_, to receive medical treatment according to camp protocol written by standing orders by the camp doctor, or otherwise directed in writing by the child's physician. In the event of a known severe allergy, camp staff as per physician's instructions to prevent life-threatening conditions, will administer medication. In the event of an emergency, I give my consent for the administration of emergency medical treatment and to transport the child to hospital facilities if necessary. I understand that a reasonable attempt to contact me will be made.

I understand that part of the camp healthcare supervisor's role at camp is to dispense medication and that this will not occur unless she/he has written authorization and instructions from the child's doctor to dispense non-prescription and/or prescription medication (including vitamins, nutritional supplements, etc.). **All medications must be in their original pharmacy containers, with an intact current prescription label. No exceptions will be made.**

**Please send all medications, including Epi-Pens and inhalers, with your child on the first day of camp.**

I also give permission for my child to receive the following non-prescription medications that I have checked below if the nurse deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Child's weight: \_\_\_\_\_ lbs.  Antacid  Advil  Benadryl  Tylenol  
 Cough drop  Topical creams/lotions

**HIPAA Privacy Rule:** I authorize the use of information to promote and monitor well-being while in camp, and as necessary, provision of first aid/emergency care as best as possible, according to and not limited to certifications, training, and availability.

This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed camp activities except as noted. I understand that willful omission of information that prevents GSNNJ staff from providing adequate care of my child may potentially result in dismissal of my child from camp.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Only an electronic or handwritten signature will be accepted. Typed signatures will not be accepted.)

Saving the form as a read-only document is recommended if completed electronically. If emailing a printed form, please scan and save in a PDF format. Photos will not be accepted. Submit the completed form via email (preferred) to [healthforms@gsnj.org](mailto:healthforms@gsnj.org), fax to 973-927-7683 or by mail to Girl Scouts of Northern New Jersey, Attn: Summer Camp, 1579 Sussex Tpke., Randolph, NJ 07869.