

Camp 139

Health History Update Form

Camper name: _____

Date completed: _____

Completed by: _____

Please complete this form and bring it with you to check-in on July 16th. Use the back of this form to add additional health information updates as needed.

In the past 30 days, has the camper been exposed to or diagnosed with any of the following?

Disease/condition	Yes	No	If yes, please explain
Chicken pox/shingles			
Cough or cold symptoms			
Eye infection			
Flu			
Tuberculosis (TB)			
Hospitalization			
Surgery			
Fall/injury			

Medication information may have changed since the camper's application was originally completed. You must bring a current medication list and schedule using the following format (use the back of this sheet if more room is needed):

Name of Medication & Dosage	Time to be Administered	Special Instructions
<i>Example: Multi-vitamin, 1 tablet</i>	<i>8 A.M.</i>	<i>Give with food. Addition since application was submitted.</i>

All medications will be kept with and dispensed by camp medical staff. Each medication must be in its original prescription container with the original label. All non-prescription items must be in their original packages and labeled with the name of the camper. There will be no exceptions to this rule. ***Please note herbal remedies, vitamins, and oils cannot be administered by the camp or counselors without a doctor's note.***

Name of guardian/case worker if applicable: _____

Signature of camp staff: _____ Date: ____/____/____