

# EcoTarium Summer Discovery Camp 2018 Health History Form



## Parent Section *(parent signature required on page 2):*

**Parents** please fill out this page **plus top half of page 2 (authorization for emergency care).**

Name of Camper \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Age of camper (as of July 1, 2018) \_\_\_\_\_

Address of camper \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Parent's Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Name** of health insurance carrier \_\_\_\_\_

Health Insurance Policy **Number** \_\_\_\_\_

*(Information required or need to fill out indemnity form - this info is **not** found on the doctor's form)*

**Emergency** Contact Person \_\_\_\_\_ **Emergency** Phone \_\_\_\_\_

### **Medical History: Has your camper had any of these listed below?**

*(If Yes, give dates; **Write N/A** if not applicable to your camper)*

Ear Infections _____	Heart Disease _____	Convulsions _____
Diabetes _____	Clotting Disorders _____	Hypertension _____
Mononucleosis _____	Chicken Pox _____	Measles _____
German Measles _____	Mumps _____	Meningitis _____
Poliomyelitis _____	Hernia _____	Kidney Disease _____
Rheumatic Fever _____	Scarlet Fever _____	Strep Throat _____
Tonsillitis _____	Tuberculosis _____	Whooping Cough _____
Asthma _____	Other _____	

Operations or serious injuries (dates) \_\_\_\_\_

Disability or chronic or recurring illness \_\_\_\_\_

Activities limited by a physician \_\_\_\_\_

**Dietary** modifications \_\_\_\_\_

Current medications \_\_\_\_\_

**Date** of last physical examination \_\_\_\_\_ Print **Physician's name** \_\_\_\_\_

*(Physical must be within two years of July 2018)*

### **Allergies: Does your camper have any allergies or sensitivities?**

*(Write **A** for allergy, **S** for sensitivity & **N/A** if not applicable; give specific information if possible)*

Hay Fever \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Insect Stings \_\_\_\_\_ Animals \_\_\_\_\_

Please explain: \_\_\_\_\_

**Food** \_\_\_\_\_ **Drugs** \_\_\_\_\_

Please explain: \_\_\_\_\_

*Please fill out form **completely** with required parent and doctor signatures and **return by May 25, 2018** \**

Mail: EcoTarium, Attn: Geoff McCann, Camp Director, 222 Harrington Way, Worcester, MA 01604 \* Fax:

508.929.2701 \* Email: [campdirector@ecotarium.org](mailto:campdirector@ecotarium.org)

**Parent Section (continued):** *If you require more space, please attach additional page(s). If there are additional questions, concerns, or information about your child that you feel would be helpful for us to know, please contact the Camp Director at [campdirector@ecotarium.org](mailto:campdirector@ecotarium.org) or 508.929.2755.*

**Aides and Behavior Considerations:**

Are there certain behaviors your child is working on at school/home that should be encouraged at camp? Please explain. This includes IEPs/BIPs and support from school aides. If you intend for an aide to provide support during camp, notify Camp Director at least three weeks prior to start of camp to coordinate logistics.

Please list any behavioral considerations and/or helpful strategies to help our staff best serve your child (e.g. what motivates child, what triggers agitate child, has separation anxiety, becomes reserved when upset, etc.)

**Mobility and Healthcare Considerations:**

Please describe any vision, hearing, mobility or other healthcare needs of which we should be aware? This includes the use of any assistive devices (e.g., wheelchair, braces, communication board, etc).

**Authorization for Emergency Care & Treatment (parent/guardian signature required below):**  
*I hereby give permission to medical personnel selected by the program director to order x-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Doctor's Section:** *The doctor **MUST fill out and sign** this section **or attach and sign** his/her separate form to this EcoTarium form. Any attached form(s) must include physician signature.*

**IMMUNIZATIONS – please print**

<b>Immunization</b>	<b>Date(s)</b>
Diphtheria	
Pertussis	
Tetanus	
Oral Polio	
Injectable Polio	
Hibmopilius Influenza	
Measles	
Mumps	
Rubella	
Tuberculin Test	
Hepatitis B	

This health history is **correct** so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted on Page 1.

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Physician Address \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Required signature either here or on attached form provided by doctor.*

*Please fill out form **completely** with required parent and doctor signatures and **return by May 25, 2018** \**

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