

Adult Camper Confidential Health History Form

General Information

Please Print All Information

Returning Camper ☐

Camper Name:	Camp Session Dates:	
Birthdate:	Age on arrival at camp:	M <input type="checkbox"/> F <input type="checkbox"/>
Home Address:		
Home Phone:	Cell:	Email address:

Emergency Contact

Name:	Relationship:
Address	
Home Phone:	Cell: Email address:

Healthcare Provider

Primary Care Physician:	Phone:
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Healthcare Insurance

Insurance Company:	Insurance Company Phone:
Certificate/Policy/ID#:	Group# (if applicable):
Name of Policy Holder:	Phone:
If appropriate, include a copy (both sides) of your insurance card so information is readable.	

Allergies ☐

No Known Allergies ☐

Please list **all** allergies to prescription and non-prescription medications, food, bites, stings, shellfish, iodine, plants & animals

Please describe the reaction and how it is managed:

Do you carry an Epi-pen? ☐ Yes ☐ No

Dietary/Nutrition

<input type="checkbox"/> Regular diet	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Vegan	<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Other
Please be specific no red meat, food allergies, strong food dislikes, etc.					

Camper Name: _____

General Health History

Yes	No	Please check yes or no for each question. If yes, elaborate in the space provided or attach an additional sheet with further details.	
		Hospitalizations/Emergency Room visits in the past year?	
		Surgery/Serious injuries in past 5 years?	
		Recurrent/Chronic illness?	
		Cardiac conditions or chest pain during exercise?	
		High Blood Pressure	Treated with medication?
		Bleeding Disorder?	
		Neck, back, knee, shoulder, ankle problems?	
		Skin conditions?	
		Asthma or other respiratory conditions?	
		Experience headaches?	
		Problems with diarrhea/constipation?	
		Experience fainting or dizziness?	
		Experience sleepwalking?	
		If female, problems with menstruation?	
		Pregnant?	What trimester?
		Diabetes; please indicate if insulin dependent	
		Seizure disorder?	Date of last seizure:
		Depression/Anxiety?	
		Eating Disorder?	
		Wear glasses, contacts, or protective eyewear?	
		Learning Disabilities?	
		Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD)?	
		Received medical care for a disease or condition in the past 3 months?	
		Exposed to contagious disease in the last 4 weeks?	
		Traveled outside the US in the past 9 months?	

Do you have any additional physical or medical conditions not listed above which may limit your participation in activities? Please describe.

Camper Name: _____

Medications

Medication is any substance a person takes to maintain and/or improve their health.
This includes vitamins & natural remedies.

- All medications brought to camp **MUST** be in **original containers** bearing the pharmacy label, with the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the camper's name, name of prescribing practitioner, name of the medication, dosage, directions for use and cautionary statements (if any contained in such prescribed medication or required by law), and if tablets or capsules.
- Inhalers **must** be in their **prescription labeled box**.
- Bring sufficient amount of each medication to last the duration of camp.

Please list all prescription & non-prescription medications you take and/or carry with you. Attach additional pages as necessary.

☐ I do not take any prescription or non-prescription medications.

Name of Medication	Dosage and Frequency	How Administered	Reason for Taking	Side Effects

Date of Last Tetanus Booster: _____

What have we forgotten to ask? Please use this space to add any additional information that would be helpful to the camp staff for you to have a successful camping experience.

Camper Name: _____

Please review the complete Health History information to be certain every question has been completed. The completed Health History information is required for participation in this Audubon Program.

It is possible to complete many Audubon programs with a variety of medical/psychological conditions, but Audubon must be aware of these conditions. Failure to disclose health history information as requested could result in serious harm to camper and other participants in the program.

The status of camper's participation will be determined after review of this form. In some cases further evaluation, including consultation with camper's health care provider, may be necessary.

Authorization for Health Care:

- I authorize National Audubon Society, Inc. ("Audubon") staff, volunteers or Audubon's authorized designees, including, but not limited to, medical personnel, to render such treatment they consider advisable for my health including transport to a medical facility.
- I authorize the physician selected by Audubon or its authorized designees to order x-rays, routine tests, and treatment related to my child for both routine health care and in emergency situations.
- I authorize Audubon or its authorized designees to obtain a copy of my health record from my healthcare providers and these providers may discuss my health status with Audubon or its authorized designees.
- I authorize Audubon or its authorized designees to share the information on this form on a "need to know" basis within Audubon, with its authorized designees or with medical personnel rendering my treatment. Furthermore, I understand that Audubon may disclose the information on this form if required by law, regulation or court order.
- I authorize photocopying this form.
- I agree to pay all costs and expenses (including transportation) associated with my care.
- This health history is correct and accurately reflects the health status of the camper to whom it pertains.

Camper's Signature: _____

Print Name: _____

Date: _____

<Please sign and return by May 1st>

By Mail (preferred):

Hog Island Audubon Camp, National Audubon Society, 159 Sapsucker Woods Rd. Ithaca, NY 14850

If form will arrive after May 5th , mail to:

Hog Island Audubon Camp, Program Manager, 12 Audubon Rd, Bremen ME 04551
