



2022 Outdoor Adventure Day Camp Camper Health Form

Camper's Full Name: _____

Birth Date: _____ Age During Camp: _____

Camp Session/Dates Attending: _____

Allergies: No known allergies Food Medication Environmental Other _____

Describe allergy and reaction seen: _____

Severe Allergy – list each medication separately below. All must have pharmacy label! *Initial the relevant statement below:*
 Two Epi pens should be brought to camp. The camper must be trained in the use of the Epi pen. Camp staff will assist administering medication if needed.

Camper does not need to carry the medication at all times, therefore the medication shall be locked up in the office.
 Camper should have the medication(s) with him/her at all times.

List the Severe Allergy and Symptoms: _____

Asthma – list each medication separately below. All must have the pharmacy label! *Initial the relevant statement below:*
 Camper does not need to carry the medication at all times, therefore the medication shall be locked up in the office.
 Camper should have the medication(s) with him/her at all times. Camp staff must monitor each dose.

Restrictions or Adaptations: Campers can participate: Without restrictions With these restrictions/adaptations: _____

Immunization History: Official record of childhood immunizations form -- all immunizations up-to-date? Yes No
 If your camper is not fully immunized you will need to provide a certificate waiver, which can be obtained at your local health department. These forms will need to be mailed, faxed, or emailed to Dahlem prior to attendance.

Medication: This camper does not take any medication This camper takes medication
 If your camper needs to take prescription or nonprescription medicine while at Dahlem, the camper's parent/guardian will need to complete the boxes below. All medication must be in its original container or package, placed in a clear Zip-Loc plastic bag, and clearly labeled. The camper's name must be printed on the label of all prescription medication. Please be sure to check that medication does not expire before the camper's last day in our program. If possible, all medications should be given under the supervision of the parent/guardian. When this is not possible, Dahlem Camp Director may give prescribed medication as an assistance to parents/guardians.

Name of Medication	Reason for Taking It	When Given and Dosage	Date Started
		<input type="checkbox"/> Lunch Dose: _____ <input type="checkbox"/> Other: _____ Dose: _____	
		<input type="checkbox"/> Lunch Dose: _____ <input type="checkbox"/> Other: _____ Dose: _____	
		<input type="checkbox"/> Lunch Dose: _____ <input type="checkbox"/> Other: _____ Dose: _____	
		<input type="checkbox"/> Lunch Dose: _____ <input type="checkbox"/> Other: _____ Dose: _____	

Mental, Emotional, and Social Health: Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Is/has been treated for ADD/ADHD | <input type="checkbox"/> Has seen a professional to address mental/emotional health concerns in the past 12 months |
| <input type="checkbox"/> Is/has been treated for emotional/behavioral difficulties | <input type="checkbox"/> Has had significant life event that continues to affect camper |
| <input type="checkbox"/> Is/has been treated for an eating disorder | |

Explain any of the items checked above. Attach an extra sheet if necessary. _____

What is the best method for our camp staff to work with your camper? _____

Medical Insurance Information:

This camper is covered by family medical/hospital insurance.

Primary Policy Holder _____ Relationship to Child _____

Health Insurance Company _____ Insurance Number _____

Physician's Name _____ Physician's Phone Number _____

General Release of Liability and Authorization for Treatment

This health history is correct to the best of my knowledge and the person (camper) herein described has permission to engage in all camp activities except as noted. These completed forms may be photocopied for use within Dahlem camp program. In consideration for being allowed to participate in the Dahlem Conservancy's programs, I agree to assume the risk of such activities and programs and I further agree to hold harmless the Dahlem Conservancy and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned camp activities understanding that competent leadership is provided. The Dahlem Conservancy is not responsible for lost, stolen, or damaged personal articles. I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper mentioned above. If there is a religious objection to consenting to receipt of emergency medical or surgical treatment, the authorized person shall submit a written statement to the effect that the camper is in good health and that the person signing assumes the health responsibilities for the camper. This completed health form may be photocopied for use by the camp.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please Print) _____ Relationship to Camper _____