

**BRISTOL HILLS MUSIC CAMP
HEALTH HISTORY FORM**

**Return to: Jill Kelley, BHMC Registrar
917 W. Gray St.
Elmira, NY 14905**

Name _____ **Birthdate** _____ **Sex** _____ **Age** _____
Last First

Home Address _____ **Phone** _____
Street City State Zip

Parent/Guardian _____
Name Phone Alternate Phone

If not available in an emergency, notify _____

Relationship _____ **Phone** _____ **Alt. Phone** _____

Address _____
Street City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No
If so, indicate carrier or plan name _____ Group/Policy # _____

Name of Physician _____ **Phone** _____

Name of Dentist/Orthodontist _____ **Phone** _____

Medications: All medications (prescription and non-prescription) must be given to the Camp Nurse upon arrival at camp. All medications must be in the original container with the camper's name and physician's directions as to dosage and administration.

Medication	Instructions for Use	Reason for Use

I give permission for the camp Health Director to administer the following over-the-counter medications as needed: Tylenol Advil Benadryl Maalox or Pepto Bismal

IMPORTANT – This box must be completed for attendance at camp

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. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp 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 photocopies for trips out of the camp.

Signature of parent/guardian or adult camper/staffer _____ Date _____

I also understand and agree to abide with the restrictions placed on my activities:
Signature of Minor, Adult Camper/Staffer _____ Date _____

General Questions

Has/does the camper:

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (eg knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance to be worn at camp	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (eg itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contact or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	29. Any allergies (hay fever, insect stings, food)	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the question:

Does camper have any dietary modifications? _____

Explain any restrictions to activity (eg. what cannot be done, what adaptations or limitations are necessary) _____

Which of the following has the camper had?

Date:

Measles _____

Chicken pox _____

German measles _____

Mumps _____

Hepatitis A _____

Hepatitis B _____

Hepatitis C _____

TB Mantoux Test _____

Result: Positive

Negative

Please give all dates of immunizations for:

Vaccine: Dates: Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr

DTP _____

TD (tetanus/diphtheria) _____

Tetanus _____

Polio _____

MMR _____

or Measles

or Mumps

or Rubella

Haemophilus influenza B _____

Hepatitis B _____

Varicella (chicken pox) _____

Use the following space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

In the event I am unable to pick up my child from camp, I hereby authorize the following person to do so:

Name

Relationship

Phone