

# Youth Health History Form for Family Camp

*Bring this form to camp.*

**Questions?**  
Call the Briarwood office at  
(940) 241-2099

Camper Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth: \_\_\_\_\_  Boy  Girl  
Month Day Year

Parent/Guardian: \_\_\_\_\_

Preferred Phone #: (\_\_\_\_\_) \_\_\_\_\_

About health care for day camp stays:

- A Briarwood Staff member with first aid training will be present at Briarwood at all times while camp is in session.
- Basic health concerns and medication administration is the responsibility of the parent or guardian
- Campers should arrive ready to participate in the program. Should your camper be unable to participate in any activities, please inform Briarwood's Program staff.
- In the event of a medical emergency, 911 will be contacted and the camper will be transported to the hospital by ambulance
- I understand that I am responsible for all costs associated with medical treatment for my child

1. Date (month & year) of your child's most recent tetanus immunization \_\_\_\_\_

2. Is this child allergic to any food or medication? .....  Yes  No

If YES, name the item and indicate the reaction. \_\_\_\_\_  Intolerance  Anaphylaxis  
\_\_\_\_\_  Intolerance  Anaphylaxis

3. Does this child have asthma? .....  Yes  No

If YES, will your child carry a rescue inhaler during the camp session? .....  Yes  No

If YES, does your child need staff help to use that rescue inhaler? .....  Yes  No

If YES, what triggers your child's asthma? \_\_\_\_\_

4. List the medications that your camper takes on a routine basis:  This camper takes no routine medication.

a. Med: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_

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5. Please list your insurance information for use in case of an emergency:

Insurance Carrier: \_\_\_\_\_ Group/Policy # \_\_\_\_\_ Identification # \_\_\_\_\_

6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program: \_\_\_\_\_

### Parent/Guardian Authorization

My child has permission to take part in all camp activities, except for those indicated on this form and I will not hold Briarwood or its staff responsible for accident claims and damages arising therefrom. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. Information on this form will be shared with staff on a need-to-know basis. I authorize Briarwood to take such actions as deemed necessary for the care, welfare, and health of my child including the giving of consent for medical treatment. I also give Briarwood permission to use any photographs/video of my child taken at camp in future promotional material for sites and programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_