Health History Form for Short-Term Campers (3 Nights or Less)

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 short-term camper stays:
- A Health Officer will be present at Briarwood at all times while camp is in session.
- The Health Officer will review the health history form and collect medications during the check-in process at camp.
- Campers who are bringing medications to camp, prescription or over-the-counter, need a filled out Medication Administration Form (on the back of this page).
- All medications need to be brought to camp in their original packaging and be properly labeled
- 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.

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. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.

   Name of Parent: _____ Phone: (_____)_____

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

a. Med: _____ Reason for taking this: _____

a. Med: _____ Reason for taking this: _____

a. Med: _____ Reason for taking this: _____

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

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. 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. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____