

Youth Health History Form for Day 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.
- A Briarwood Staff member 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 brought to camp need to be clearly labeled with clear instructions for use.
- 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: _____

a. Med: _____ Reason for taking this: _____

a. Med: _____ Reason for taking this: _____

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. 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. 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: _____

