



2017 Summer Camp Health Information Form

96 Pond Road, Hinesburg, VT 05461 Tel. 802-482-5986



Please complete **one form for each camper** enrolled in the Clubhouse Summer Camp.

<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 5
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Camper's Name:		
Sex:	DOB: / /	Age:

Medical Provider Information:		
Is your child covered by family medical/hospital insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provider:
Child's Physician Name:	Tel:	
Child's Dentist/Orthodontist Name:	Tel:	

Health History:		
Immunizations: Are your child's immunizations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, please attach to this form. If No, you must fill out an Exemption from Immunization Requirements Form.</i>		
Medications: Please list the medications your child is required to take daily:		
Will any of these medications need to be administered to your child during camp hours?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If Yes, you must fill out a Medicine Release Form, and bring to camp on the first day with the medication.</i>		
Is your child required to carry an epinephrine pen with them at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies: Does your child have any allergies to food, medication or the environment?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies:	Reaction:	Management and Care:
Medical Conditions: Does your child have any medical conditions that we should be aware of?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Condition:	Symptoms:	Management and Care:

General Questions: Does your child have any of the following:		
1) Any recent injury, illness or infective disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Ever been dizzy or pass out during physical exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Ever had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Ever had surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Have any restrictions to activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain any "Yes" answers, and the question number below. Attach any directions from doctor to this form.		

Sunscreen/Insect Repellent Permission:	
____ (Initials)	YES: I give permission for the 2017 Clubhouse Summer Camp staff/employees to apply sunscreen and/or insect repellent to my child. I know this will be done by a counselor of the same gender as my child and will only be done if my child needs help and asks for it.
____ (Initials)	NO: I do not give permission for sunscreen or insect repellent to be applied to my child. We will do it at home and I understand that if he/she does not have it applied before camp that they will not be allowed to participate in outdoor activities during high peak times of the day when the sun index is high.

Signature of Parent/Guardian:		Date:
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PLEASE TURN OVER ➡



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Parent Instructions: In order to best help your child in their adjustment to camp life, and to understand them as individuals, we are asking for the following **confidential** information. After your child has completed the biography section, please fill out the parent questions. Please have your child fill out the top of the form and encourage them to fill it out as completely as possible even if they have been to camp before. This information will only be shared with staff working with your child in order for them to be able to better understand your child's responses, motivation toward and participation in camp activities. **Please submit with registration materials.**

Camper Instructions: Please answer the following questions to describe yourself. This is your chance to introduce yourself to your counselors before they meet you! Only your counselors (**not other campers**) will see this form. Thank you!

CAMPERS: Additional Information				
What are you most looking forward to doing at camp?				
My favorite thing to do is:				
The 3 words that best describe me are: _____, _____ and _____.				
The #1 thing you should know about me is:				

When I feel upset, I:				

While at camp, my biggest fear is:				

Something else you should know:				

PARENTS: Additional Information				
How would you best describe your son or daughter?				
What will your child's greatest challenge be at camp?				
What do you hope they will gain from being at camp?				
Name something that will definitely make your child smile?				
Swim level of your child:	<input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Swim Team
Describe any water fears or cautions we should be aware of:				
Please describe any special accommodations, behavioral needs or information that will help our counselors ensure a successful experience for your child:				