

# OCEANWOOD ADULT FAMILY CAMP HEALTH FORM

This Health Form **must be received by the office two weeks prior to your arrival at camp**

## CAMPER INFORMATION

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Male ( ) Female ( )

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## EMERGENCY CONTACT

Contact #1: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Alt: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Allowed to Make Medical Decisions: Yes ( ) No ( )

**HEALTH HISTORY: The intent of this information is to provide Oceanwood Medical Staff the background to provide appropriate care. Any changes to this form should be provided to Oceanwood upon arrival. Please provide complete information so that Oceanwood can be aware of**

**ALLERGIES:** List all known allergies and describe the reaction and management of any reactions

MEDICATION ALLERGIES:

_____	_____
_____	_____
_____	_____

FOOD ALLERGIES:

_____	_____
_____	_____
_____	_____

OTHER ALLERGIES: Include insect stings, seasonal allergies, asthma, animal allergies, etc.

_____	_____
_____	_____
_____	_____

## RESTRICTIONS & RECOMMENDATIONS WHILE AT CAMP

List any Dietary Restrictions, Medically-Prescribed Meal Plans, or any Special Diets (gluten-free, low salt, etc):

_____
_____
_____

Camper **does not** eat: ( ) Beef ( ) Seafood ( ) Eggs ( ) Pork ( ) Dairy Products ( ) Other: \_\_\_\_\_

List any **restricted** activities: \_\_\_\_\_

List any activities the Camper **enjoys**: \_\_\_\_\_

List any activities the Camper **dislikes**: \_\_\_\_\_

### UNDERSTANDING THE CAMPER

Does the Camper have: ( ) Diabetes ( ) Seizures ( ) ADHD/ADD ( ) Visual Impairment  
( ) Mobility Impairment ( ) Hearing Impairment ( ) Recurring Illness ( ) Other: \_\_\_\_\_

Please provide any treatment, protocols followed, or any other information on checked items:  
\_\_\_\_\_  
\_\_\_\_\_

Please check if the Camper is subject to any of the following:

- ( ) Sunburn ( ) Urinary Infections ( ) Bedwetting ( ) Constipation ( ) Diarrhea ( ) Vaginal Infections
- ( ) Sinus Infection ( ) Bronchitis ( ) Pneumonia ( ) Frequent Colds ( ) Ear Infections ( ) Sore Throat
- ( ) Asthma ( ) Dizziness/Fainting ( ) Nausea/Vomiting ( ) Anxiety ( ) Panic Attacks ( ) Skin Rash
- ( ) Back Problems ( ) Joint Problems ( ) Hernia ( ) Frequent Headaches ( ) High Blood Pressure
- ( ) Chest pain during/after exercise ( ) Passed out during/after exercise ( ) Heart Abnormalities
- ( ) Sleepwalking ( ) Abnormal Menstrual History ( ) Eating Disorder ( ) Emotional Difficulties

Please explain any items marked off above: \_\_\_\_\_  
\_\_\_\_\_

**\* Is Camper required to carry an EPI pen?** ( ) No ( ) Yes - **Please pack & Provide Dr. Note**

**\* Is Camper required to carry an inhaler?** ( ) No ( ) Yes - **Please pack & Provide Dr. Note**

Camper **must:** ( ) **Not** get water in ears ( ) Stay **out** of water ( ) Wear ear plugs when swimming

Has the Camper: ( ) Been hospitalized ( ) Ever had surgery ( ) Ever had a head injury/Been Unconscious

( ) Had mononucleosis in the past 12 months ( ) Other: \_\_\_\_\_

Please comment on the above checked items & pack anything required for treatment/management:  
\_\_\_\_\_  
\_\_\_\_\_

Has the participant had any of the following and if so, when?

( ) Measles: \_\_\_\_\_ ( ) Chicken Pox: \_\_\_\_\_ ( ) German Measles: \_\_\_\_\_

( ) Mumps: \_\_\_\_\_ ( ) Hepatitis: \_\_\_\_\_

( ) TB Mantoux: \_\_\_\_\_ Last Test Date: \_\_\_\_\_ Result: ( ) Positive ( ) Negative

Please let us know of any additional information you feel the camp should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ADAPTIVE DEVICES

Please check off and **send** any adaptive devices the Camper uses on a regular basis:

( ) None ( ) Hearing/Communication Aids ( ) AFO's or Braces ( ) Glasses/Contacts ( ) Nebulizer

( ) Other: \_\_\_\_\_

Please provide any specific instructions on use and care of any adaptive devices:  
\_\_\_\_\_  
\_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist or Orthodontist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_