

Camper Name: _____

Online Health Form (Paper Version)

Completed health forms are due at least two weeks prior to your child's camp session. *State law dictates that children are not allowed to attend camp without this and the other required health forms.* Complete and accurate health forms will aid in the delivery of the best possible health care to your child.

Turn in this form by:

For Camp Berea:

Mail: Camp Berea Attn: Nurse, 68 Berea Rd, Hebron, NH 03241
Fax: (844) 929-1559
Email: bereanurse@bera.org

For Camp Kerith:

Mail: Camp Kerith Attn: Nurse, 67 Cedarbrook Way, Lyman, ME 04002
Fax: (844) 929-1559
Email: kerithnurse@bera.org

For Camp Monadnock:

Mail: Camp Monadnock Attn: Nurse, 257 Dublin Rd, Jaffrey, NH 03452
Fax: (844) 929-1559
Email: monadnocknurse@bera.org

This form must be completed and signed by a parent or legal guardian **no more than 6 months** before the camp session start date.

Medical
Other
Allergy OFFICE USE ONLY

Camper Info

Name _____ Birth Date ____/____/____ Gender: Male Female
Last First Middle

Home Address _____
Street Address City State Zip

Custodial Parent/Guardian _____ Phone _____

Home Address _____
(If different from above) Street Address City State Zip

If not available in an emergency, notify:

Name _____ Relationship _____ Phone _____

Home Address _____
Street Address City State Zip

Health Insurance/Health Care Provider Info

Insurance Company/Plan Name _____

Employer Name of Policy Holder _____

Health Insurance Policy Number _____

Family Physician Name _____

Insurance Group Name or Number _____

Family Physician Number _____

Full Name of Policy Holder _____

Family Dentist/Orthodontist Name _____

Phone Number of Policy Holder _____

Family Dentist/Orthodontist Number _____

Camper Name: _____

Allergies

The intent of this information is to provide camp healthcare personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp healthcare personnel upon the participant's arrival at camp. Please provide complete information so that the camp can be aware of your needs.

ALLERGIES

Medication Allergies (List all.)

Describe reaction and management of the reaction.

_____	_____
_____	_____
_____	_____
_____	_____

Food Allergies (List all.)

Describe reaction and management of the reaction.

_____	_____
_____	_____
_____	_____
_____	_____

Other Allergies

(List all, including insect stings, hay fever, iodine, animals, plants, etc.)

Describe reaction and management of the reaction.

_____	_____
_____	_____
_____	_____
_____	_____

Does your child require an EpiPen? YES / NO

Please list which allergy(ies) the EpiPen is for and whether or not your child has had to use the EpiPen before.

If your child requires an EpiPen, please provide one or two non-expired EpiPens—one for your child to carry with them (optional) and one to keep at the Health Center. *You must fill out the EpiPen Authorization Form (found under the Summer Camp tab at bera.org/forms).*

Dietary Restrictions

Does your child have any dietary restrictions? Please explain.

Camp has a nut-free kitchen (with the exception of coconuts, which are not technically nuts but are listed by the FDA as such). Camp does its best to accommodate any other food allergies as well. Contact the Kitchen Staff at 603-744-6344 to discuss food options available.

Camper Name: _____

Medications/Treatments

Please list ALL medications (including vitamins, over-the-counters, and non-prescription drugs) taken routinely. Make sure to pack enough medication to last for the entirety of camp. ALL medication must be in its ORIGINAL PACKAGING. Prescription drugs, specifically, need to list the prescribing doctor, medication name, dosage, and frequency of administration. If your child is on any behavior modification medications, PLEASE NOTE that camp is a more rigorous environment than school and medication adjustments may be needed. If your child has been/is on any behavior modification medications, you as the parent/guardian and the physician must be available for consultation and possible medication adjustment while your child is at camp.

FINALLY, please ONLY send your child with medications that s/he has taken PRIOR to attending camp. The State of NH Law states that camp cannot administer any medications that a camper has not already taken prior to their time at camp.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific time(s) taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific time(s) taken each day _____
Reason for taking _____

Med #3 _____ Dosage _____ Specific time(s) taken each day _____
Reason for taking _____

Attach additional pages for more medications.

Please also identify any medications taken during the school year that the participant will NOT be taking at camp.

Camp keeps the Health Center well-stocked with many common over-the-counter medications so you don't need to pack them. If you are unsure if camp provides a certain medication, please call the Office at 603-744-6344. **If necessary, may these over-the-counter medications and topical treatments be given to your child while at camp?**

Acetaminophen/Tylenol	Y / N	Cetirizine	Y / N	Pepto-Bismol	Y / N
Aspirin	Y / N	Chloraseptic	Y / N	RID	Y / N
Bacitracin	Y / N	Debrox	Y / N	Robitussin (DM, PE)	Y / N
Bengay	Y / N	First Aid Cream	Y / N	Silvadene Ointment	Y / N
Benadryl (Capsules, Cream, Liquid)	Y / N	Hydrocortisone Cream	Y / N	Sucrets/Benzocaine Lozenges	Y / N
Benzocaine Oral Pain Reliever	Y / N	Ibuprofen	Y / N	Sudafed	Y / N
Benzoin	Y / N	Lactase Enzyme	Y / N	Sunscreen	Y / N
Bug Spray	Y / N	Loratadine	Y / N	Tiger Balm	Y / N
Caladryl Lotion/Calagel Cream	Y / N	Milk of Magnesia	Y / N	Tinactin/Micatin Spray	Y / N
Calamine Lotion	Y / N	Miralax Powder	Y / N	Tolinaftate Cream	Y / N

Is there anything camp needs to be aware of when giving any of the approved OTC medications to your child? YES / NO

If any over-the-counter medications are sent with your child, they must be in the original packaging and left at the Health Center.

Will your child require any treatments while at camp? YES / NO

Please explain what treatment(s) must be given to your child, including the frequency.

Camper Name: _____

Health History

Has your child experienced, or is your child currently experiencing, any of the following conditions?

ADD/ADHD	Y / N
Anxiety	Y / N
Asthma	Y / N
Back Pain or Injury	Y / N
Bedwetting	Y / N
Behavioral Issues	Y / N
Blackouts/Fainting	Y / N
Bleeding Disorder	Y / N
Chest Pain	Y / N
Chronic/Recurring Illness or Condition	Y / N

Concussion (Major)	Y / N
Constipation/Diarrhea	Y / N
Depression	Y / N
Developmental Delays	Y / N
Diabetes	Y / N
Dizziness (with Exercise)	Y / N
Ear Infections	Y / N
Eating Disorder	Y / N
Emotional Difficulties for Which Professional Help was Sought	Y / N
Headaches (Frequent)	Y / N
High Blood Pressure	Y / N

Homesickness	Y / N
Nightmares/Terrors	Y / N
Seizures	Y / N
Sinus Infections	Y / N
Skin Problems (e.g. Itching, Rash, Acne)	Y / N
Sleepwalking	Y / N
Uses Eye Glasses or Contacts	Y / N
Other	Y / N

Please explain any "yes" answers, noting which condition you are referring to.

Which of the following has the participant had?

- Chicken Pox (Varicella)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Measles (German)
- Measles (Red)
- Mono (past 12 months)
- Mumps
- Rheumatic Fever
- Scarlet Fever
- Whooping Cough

Has your child ever been hospitalized or had a serious injury?

Please explain the reason(s) for hospitalization(s) or the serious injury(ies) and the dates they occurred. It is important to mention any signs of illness that camp staff should look out for.

Has your child been exposed to any communicable diseases within the last 3 months?

Please explain what disease(s) your child has been exposed to and when the exposure occurred.

Has your child had any operations? Please explain the operation(s), including date(s). It is important to note if prior operation(s) will affect your child's health while at camp.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which camp should be aware.

Does your child have any restrictions on activity? Please explain what activities must be restricted, if any.

Camper Name: _____

Permission to Provide Necessary Treatment or Emergency Care

I hereby give permission to the medical personnel selected by the administration at Camp Berea, Inc. to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. I also agree to pay all costs associated with that care and transportation. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the administration at Camp Berea, Inc. to secure and administer treatment, including hospitalization or surgery, for the person named on this medical form. I hereby give permission to camp staff (including cabin leaders) to apply non-prescription topical substances such as sunscreen and bug spray. I also agree that this completed form may be photocopied for trips out of camp.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated by the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

Signature of Parent/Guardian or Adult Camper/Staffer _____ **Date** _____

By signing this form, both you and the camper listed on this form agree that the camper will abide by any restrictions placed on the camper's participation in camp activities.