

Limerick Fire Co. Youth Firefighter Camp

Health History Form

Please return this form with camp registration. Provide complete information so that the staff can be aware of your child's needs. It is extremely important that we have all necessary medical information concerning your child. This also includes any learning disabilities. All medical information is kept strictly confidential.

The responsibility for administering medications rests with the camper's legal parent or guardian. No camp staff is permitted to administer medication. *It is important that all medication be taken at home.* No medication is to be sent to camp unless it is a prescription drug for preventive reasons or emergency conditions such as seizures, heart conditions, asthma, bee stings or allergy conditions.

These preventive or emergency medications may be sent to camp if the rules listed below are followed:

1. The medication must have the prescription label on the container.
2. Note from the parent or legal guardian giving approval for the medication to be administered by the camper under staff supervision.
3. For emergency conditions such as bee sting reaction, the Site Supervisor will call the parents/guardians.

Please apply sunscreen to your child daily. If your child is susceptible to sunburn, please send sunscreen to camp in a Ziploc bag with child's name on it. Staff members are not permitted to apply lotion to children but we will remind the children to re-apply it.

It is important to remind your children that they need to stay hydrated during the hot weather. Camp staff will have water breaks throughout the day.

If Parent/Guardian is NOT available in an emergency, notify _____

Allergies: List all known. Medication allergies (list) Food allergies (list) Other allergies (list) –include insect stings, hay fever, asthma, animal dander, etc.

Describe reaction and management of the reaction.

FIRE CO.

Important – This section must be completed for child to attend.

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the Limerick Fire Company, its Board of Directors, officers, employees, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends.

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/ my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for the person named above.

Signature of parent/guardian _____ Date _____

Medications Being Taken:

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely.

General Questions: (Explain "yes" answers below.)

Has/does the participant:

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Any recent injury, illness, or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wear glasses, contacts, or protective eye wear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Ever had back problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have an orthodontic appliance being brought to camp? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers, noting the number of the questions.

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

Which of the following has the participant had?

- Measles Chickenpox German measles Mumps Hepatitis A Hepatitis B
- Hepatitis C

