

2011 Application Form Checklist

We will process your child's application when we receive ALL of the required materials listed below.
Incomplete forms will be returned and will delay the processing of the application.

Have you....

- _____ Enclosed an Application Processing Fee of **\$50.00 per child** (maximum of **\$100.00 per family**) payable to Golden Slipper Camp.
- _____ Completed all of the information in the application booklet.
 - Please include 2 emergency names and phone numbers (other than the parent or guardian)
- _____ Signed the Parent/Guardian Agreement form, the Camp Fee Adjustment Policy form and Camp Refund Policy form.
- _____ Attached a current photograph of your child.
- _____ Submitted a copy of your **2009 W-2 Form(s) & 2009 Income Tax Return** *in its entirety*.
- _____ Submitted a copy of your **2010 W-2 Form(s) & 2010 Income Tax Return** *in its entirety*.
 - **IF YOU APPLY BEFORE FEBRUARY 1ST**, you must mail a copy of your W-2 form as soon as it is supplied by your employer and a copy of your tax return as soon as it is filed.
- _____ Submitted proof of any Government Cash Assistance or SSD/SSI Determinations.
- _____ Completed Health History and Examination form.
 - Parent/Guardian **MUST** complete pages 1-3, Form 1, and a Doctor or Physician must complete and sign page 4, Form 2 (yellow). Failure to complete & return these forms will result in the loss of your camper's admittance to GSC.
- _____ Signed Camper Medical Form-Part B and **photocopies of Health and/or Prescription Drug Cards** front and back (orange).
- _____ Signed Behavior Agreement by both the Parent/Guardian and Camper (gray).

We must receive all of the above information in a timely manner
in order for your child to be eligible for a scholarship.

If you have any questions, please contact Kristin Grapes, our Administrative Coordinator at 610-660-0520, ext. 104

<p>N.S.F. Checks – If your check is returned by your bank for insufficient funds, you will be charged \$35.00. This amount will be added to your 2011 fees.</p>
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Dear Parent / Guardian:

Choosing the right summer camp for a child is an extremely important decision. Golden Slipper Camp is a place where all campers, new and returning, are encouraged to try new things and to develop new skills: exploring the natural world; climbing the „wall’ at the ropes course; mountain biking on our dedicated biking trails; learning new skills in our Arts Village. All of these are part of the Golden Slipper experience. Our camp nurtures independence and self-esteem, promotes confidence through skill development, and instills an appreciation and love of the natural world around us in our campers. The experiences, memories and friendships formed at Golden Slipper Camp will remain with a child throughout his or her lifetime.

Based on the tremendous response from last summer, and the number of inquiries from new families, we strongly suggest that you register your child(ren) as soon as possible. Our 2011 Session Dates and fees are listed on the enclosed application form. **All application forms must be accompanied by a \$50.00 Non-Refundable Application Processing Fee per camper** (maximum of \$100.00 per family).

We’ve also included a detailed checklist to help guide you through the required paperwork. In order to reserve a space at camp for your child, you must complete all of the enclosed forms and return them, along with the processing fee, to the camp office. All applications are processed in the order in which they are received.

If your child is new to Golden Slipper, he/she must be interviewed in person prior to final acceptance. Interviews will begin in November 2010. You will be notified by mail as to the date, time and location of the interview. Please note that your child’s application is in no way a guarantee of his/her acceptance into Golden Slipper Camp.

We’ve included important information regarding camper fee adjustments and the Camp’s refund policy. Please read these statements carefully and sign where indicated.

If you have any questions, please feel free to contact Nanci Gilberg or Kristin Grapes at (610) 660-0520.

Sincerely,

“Uncle” Tom O’Neill
Director of Golden Slipper Camp



Golden Slipper Camp

Application for 2011 Season

For Office Use:
Date Rec'd: _____
Deposit \$ _____ Check # _____

REQUIRED

Please attach
a recent
photograph
of your child.

APPLICATION FORM TO BE COMPLETED ONLY BY A PARENT / GUARDIAN

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

ONE APPLICATION PER CHILD

Camper's Last Name	First Name	Middle Initial	Nickname	Gender (M/F)	Ethnicity
Street	City	State	Zip Code	Social Security #	
Birth Date _____ <small>Month / Day / Year</small>	Phone (_____) _____	Referred by _____			
Current School Attending _____				Grade Completed _____	
Camper Email Address _____					
Camper lives with: <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other _____					
Camper is a: <input type="checkbox"/> Returning Golden Slipper Camper Years at camp? _____					
<input type="checkbox"/> New Golden Slipper Camper Previous camp experience _____					

Session Choice (please check one session only)

- First session Friday, June 24 – Tuesday, July 19
- Second Session Friday, July 22 – Tuesday, August 16
- 1st & 2nd Session* Friday, June 24 – Tuesday, August 16

*Only those with excellent staff assessments will be considered for the Full Summer.

*Campers will return on 7/19 for a break between first and second session.

My child would like to bunk with:

1 _____ 2 _____

Note: Although every effort is made to place campers with friends of their choice, sometimes this is not possible. Final cabin placement is at the discretion of the Camp Director. Camper placements are based on age.

PARENTAL / GUARDIAN INFORMATION:

Father/Guardian Name _____	Social Security # _____
Home Phone _____	Work Phone _____
Cell Phone _____	
Address _____	E-mail _____
<small>Street</small>	<small>City State Zip</small>
Employer _____	Address _____
	<small>Street City State Zip</small>

Mother/Guardian Name _____	Social Security # _____
Home Phone _____	Work Phone _____
Cell Phone _____	
Address _____	E-mail _____
<small>Street</small>	<small>City State Zip</small>
Employer _____	Address _____
	<small>Street City State Zip</small>

Emergency contact (required) (other than parents)			
Name: _____	Relationship _____	Phone _____	Cell Phone _____
Name: _____	Relationship _____	Phone _____	Cell Phone _____

Do you carry medical/hospital insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of carrier _____
Policy/Group # _____	Subscriber _____
Relationship to Camper _____	
Name of family physician _____	Physician's phone # _____
Address _____	Carrier's Phone # _____
<small>Street</small>	<small>City State Zip</small>

SIGNIFICANT FINANCIAL AID IS AVAILABLE FOR QUALIFIED APPLICANTS

If interested, please complete the financial assistance application.

Although our resources are limited, we maintain the position that any deserving child should be able to attend Golden Slipper Camp despite financial circumstances.

Season	Duration	Dates	Regular	By 9/30/10
1 st Encampment	3.5 weeks	6/24/11-7/18/11	\$2,900	\$2,600
2 nd Encampment	3.5 weeks	7/21/11-8/15/11	\$2,900	\$2,600
Full Season	7 weeks	6/24/11-8/15/11	\$4,300	\$4,000

Multi-child discount: a 10% discount for each camper bill be applied to your 2011 tuition when two or more children from the same household are enrolled.

GOLDEN SLIPPER CAMP DEPOSIT/TUITION POLICY

A non-refundable application fee of \$50 per camper (maximum of \$100 per family) MUST accompany the application. The application fee is not refundable for any withdrawals or cancellations.

Final tuition balance for all sessions is due in full by June 1, 2011. If you have requested financial assistance and do not receive enough aid, the \$50 deposit is fully refundable. ***All registrations received after June 1, 2011 are to be paid in full at the time of registration.***

A check is enclosed for \$ _____ (Payable to Golden Slipper Camp)

Charge the amount of \$ _____ + 2% Surcharge to my VISA Mastercard.

Card # _____ Expiration Date _____

Cardholders name _____ Phone # _____

GOLDEN SLIPPER CAMP REFUND POLICY

- All fee payments must be received prior to the start of your child’s camp session.
- Full refunds of your 2011 set tuition fee will be issued for cancellations up to 90 days prior to the start of your child’s camp session. *If you have requested financial assistance and do not receive enough aid, the \$50 deposit is fully refundable.*
- For cancellations between 60 and 89 days before the start of your child’s camp session, 50% of your 2011 set tuition will be refunded, minus a processing fee of \$50.
- There are **NO REFUNDS** for cancellations received within 59 days of the start of your child’s camp session, or after your child’s camp session has begun.
- There are **NO REFUNDS** made for a camper leaving camp during a session for reason of homesickness or for a camper who exhibits emotional, psychological or behavioral conditions that are disruptive to the camp program or that are harmful to himself or the well being of other campers or staff.
- Full consideration will be given for required summer school. However, a note from the school plus a copy of your child’s report card must accompany a refund letter to the Golden Slipper Camp Office.

Parent/Guardian Signature _____ Date _____

CHILD’S NAME _____ **SESSION** _____

AGREEMENT BETWEEN GSC & PARENTS

- Payment is to be made in accordance with the payment schedule set forth in the tuition invoice.
- Due to the seasonal nature of summer camping and set limitations on space offered, no refunds will be given to late arrivals, early departures or dismissal for cause.
- For the safety and general welfare of all campers and staff, GSC reserves the unrestricted right to dismiss a camper whose conduct or influence, in the opinion of the Director, is detrimental to the best interest of the camp.
- Parent/Guardian agrees to complete the medical form and have it signed by a licensed Physician prior to the start of camp. Parent/Guardian also agrees to provide any other information related to the campers mental or physical health necessary for proper care to be administered by GSC. No camper will be admitted without the completed and signed medical and supplementary information.
- GSC is not responsible for campers articles of clothing or personal belongings. It is highly recommended that campers do not bring valuable items.
- Medical care provided by GSC nurses is included in the tuition, but should it be necessary for the well being of the camper to purchase medicine or use outside medical aid, all expenses will be paid by the parent or their insurance.
- Parent/Guardian gives permission for camper to participate in all camp programs and activities including camp trips and special outings planned and supervised by GSC.
- Parent/Guardian gives permission for GSC to reproduce and publish photographs, videotapes, interviews or likenesses of campers for the website, newsletters, yearbooks and promotional materials.
- In the event that this agreement is executed by one parent, it is acknowledged that the signing parent/guardian also acts as the agent for the other parent/guardian with authority to enroll the camper and execute this agreement on behalf of both parents/guardians.
- GSC does not qualify as daycare. Families cannot claim camp tuition on their 2011 taxes; therefore, the Golden Slipper tax identification number will not be released.
- I have read and understand the agreement above.

Signature of Parent/Guardian

Date

HEALTH & APPEARANCE:

1. Please describe any health problems, disability, allergy, etc. affecting your child and if any medication is required. If a child is taking a behavior modification drug, please describe the nature of the drug and why it is used. Are there now, or have there ever been any significant problems in connection with eating or sleeping?

2. Does your child wet or soil the bed? If so, how often and what do you do about it at home?

3. If you child attends a special school and/or special classes, please describe the nature of the school and the reason your child attends.

4. Has your child received or is s/he now receiving any professional help (psychiatrist, psychologist, social worker, child guidance clinic, physician)? If so, describe fully.

5. Does your child have Attention Deficit Disorder? YES _____ NO _____

6. Does your child sleep through the night? YES _____ NO _____

My child takes the following medication (include name of medication, dose & frequency):

ADJUSTMENT TO COMMUNITY LIVING:

7. Explain you child's relationship with you and other adult leaders/role models.

8. Explain fully any family situations which have affected your child (illness, death, divorce, separation, etc.).

9. What are your child's favorite activities?

10. Are there some activities that your child does not like/enjoy?

11. Are there some skills you would like to see your child learn/improve while at camp?

12. Has your child been to day camp/overnight camp before? If so, please describe when, where, how long and with what success.

13. Are there any additional concerns or information the camp staff should know regarding your child?

Please note that your child will be subject to immediate dismissal from camp if you have misrepresented your answers in any way without refund of camp fees.

Parent/Guardian Signature _____ Date _____

FINANCIAL INFORMATION & ANNUAL INCOME

All information disclosed is confidential in our office.

Please base all information on current year records (2010)

Camper Name _____ **D.O.B** ___/___/___

At Golden Slipper Camp, we foster a multi-cultural environment while embracing our Jewish heritage. Golden Slipper Camp provides religious services for various faiths. So that we may better serve your child during weekly services this summer, please indicate your religious preference and which service you would like your child to attend.

Religion _____ **Religious Services You Choose to Attend:**

Jewish Christian Non-Denom

Race: American Indian Asian Black/African American
 Caucasian/White Hispanic/ Latino Native Hawaiian/Pacific Islander

Family Size (# of People)
 (ALL HOUSEHOLD MEMBERS including college students) _____

Public Assistance
 Case Number _____ (from 1/10 to 12/10) _____

TOTAL ANNUAL INCOME (2010) _____

LIST ALL HOUSEHOLD MEMBERS

Name (First, Last)	Age	Relationship	Earnings from Work	Pensions, Retirement, Social Security	All Other Income
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Golden Slipper does not discriminate on the basis of race, color, sex, age, religion, and national origin or disability. Golden Slipper will take all necessary steps to comply with existing federal, state and local fair laws and guidelines. Golden Slipper is a constituent agency of the Jewish Federation of Greater Philadelphia.

I hereby certify that all of the above information is accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Print Name _____

Behavior Agreement – Golden Slipper Camp

Golden Slipper Camp has been successfully providing memorable, safe and age appropriate summer experiences for children for the past 59 years. We have been pleased to have been able to serve generations of families as well as multiple siblings from the same family. With few exceptions, Golden Slipper Camp has successfully served all of the children accepted into our program. The success of our program is based, in part on:

- **High standards of care for your children**
- **High expectations of ourselves and our staff**
- **A clearly stated value system**
- **Clearly defined boundaries and rules for all campers and staff**

The physical and emotional well-being of your child/ren is our number one priority. We believe that many children have been negatively influenced by song lyrics, sexually explicit television programs, movies, books, computer games and the internet. Our society appears to be focused on sexuality and violence, both of which idealize the use of drugs and alcohol. Our young people cannot avoid seeing, hearing and absorbing that which makes up a substantial part of their young lives. Our camp community is in many ways a mirror of our society at large. However, what may be acceptable in some homes and communities is not acceptable at Golden Slipper Camp. Our camp attempts to teach campers:

- **To recognize that they have a responsibility for themselves and for those around them**
- **To help them learn to make choices which are good for themselves and others, and to take responsibility for the choices they make**
- **To respect oneself and others in spite of differences**

It is essential that you communicate to your children that the camp will not accept behaviors such as violence, the possession of weapons, repeated profanity, disrespect, bigotry, inappropriate sexual behavior, drug and alcohol use or any other unsafe behaviors that are potentially harmful to our campers or our staff. The consequence of these behaviors is that your child will be sent home from camp immediately, and there will be no refund of camp fees. It is important to discuss in detail your expectations of your child/ren, and to make certain that they understand that the camp's management is in total agreement.

Another area of concern relates to children who have been sent to camp with 'family secrets'. Specifically, children who come to camp with the following:

- **Psychiatric problems**
- **Serious medical problems**
- **Campers with organic problems who have been taken off of their medication for the summer**
- **Campers who were hospitalized for physical or emotional reasons since last summer**
- **Campers experiencing a traumatic reaction to family issues such as a recent separation, divorce or death**

In fairness to our counselors, staff and campers, we need to make informed decisions about all of the young people we invite into our community and family. 'Family secrets' serve no one. Our purpose in having pertinent health information (both physical and emotional) is to be able to better serve your child. We therefore expect that the parents or guardians of any child sent to Golden Slipper Camp have provided us with all the necessary information we need to keep all of our children safe.

With these facts in mind, we must reserve the right to ask that a child at risk to oneself or the community be picked up and removed from camp immediately. There may be a circumstance where we have agreed to accept a child with full knowledge of his or her problems and have attempted to take all the necessary steps to make the experience successful, but find that we are unable to do so. For the good of this child and/or the community, the child may have to leave the camp.

This letter would have been unheard of 15 years ago. However, the world has changed and we need to accept the effects of some of those changes. As always, please contact us if you have any questions or concerns about this communication or any other matter. We look forward to the summer of 2011!

DATE: _____

Name of Parent/Guardian: _____

Camper Name: _____

Signature of Parent/Guardian: _____

Camper Signature: _____

CAMPER MEDICAL FORM – PART B

CAMPER’S NAME: _____

Care provided by GSC nurses is included in the tuition, but should it be necessary for the well being of the camper to purchase medicine or use outside medical aid, all expenses will be paid by the parent or their insurance.

WE MUST HAVE THE FOLLOWING FORMS IN OUR OFFICE BY: MAY 1, 2011

1. PHOTOCOPY OF HEATH & PRESCRIPTION CARDS

(Pease note: Your medical and prescription identifications may be two separate items. We need copies of both cards.)

2. THREE (3) SIGNED BLANK INSURANCE CLAIM FORMS

(Please note: If you have an independent medical insurance plan or an HMO that requires claim forms.)

(Signature of Parent or Guardian)

(Date)

DO NOT SIGN ABOVE UNLESS YOU HAVE ENCLOSED PHOTOCOPIES OF **HEALTH AND/OR PRESCRIPTION CARDS**, OR SIGNED **INSURANCE CLAIM FORMS**.

_____ CHECK IF YOU **DO NOT** HAVE **HEALTH** INSURANCE COVERAGE; READ AND SIGN THE FOLLOWING:

I WILL BE FULLY RESPONSIBLE FOR **ANY MEDICAL OR DENTAL BILLS** THAT I INCUR WHILE AT GOLDEN SLIPPER CAMP.

(Signature of Parent or Guardian)

(Date)

_____ CHECK IF YOU **DO NOT** HAVE **PRESCRIPTION** INSURANCE COVERAGE; READ AND SIGN THE FOLLOWING:

I WILL BE FULLY RESPONSIBLE FOR **ANY PHARMACY BILLS** THAT I INCUR WHILE AT GOLDEN SLIPPER CAMP.

(Signature of Parent or Guardian)

(Date)

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

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

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications: (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (*describe below—attach additional information if needed*)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____