



Year: 2021

Session: _____



HEALTH FORM

Please complete this Health Form, answering all questions in detail. This information, which is held in confidence, is needed so that we may provide appropriate health care for your child. If any of this information changes prior to your child's arrival at camp, please contact us so we can make the appropriate updates to the form.

INFORMATION ABOUT HEALTH CARE AT CAMP

Ensuring your child's health and safety is one of our most important responsibilities. There is a registered nurse on duty when children are at camp in the summer. We also consult with a medical doctor. Things such as insect bites, headaches, minor poison ivy, upset stomachs, cuts, scrapes, etc., are considered routine medical care. It is our policy to contact parents only if a child experiences illness or injury requiring more than routine medical care. Please remember that your child is our primary concern. First, we will seek the necessary treatment; then, we will follow-up with you. Feel free to contact the Camp Director, Village Director or Camp Nurse to ask any questions about your child. Sherwood Forest's medical insurance is secondary coverage; if a camper requires medical treatment and has medical insurance, the parent will be billed as having primary coverage.

Camper's Legal Name: _____		Preferred Name: _____	Date of Birth: _____
Sex at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender Identity: <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Other: _____	
Camper's Height: _____		Camper's Weight: _____	
Address: _____		2020/2021 School Year Grade Level: _____	
City: _____		State: _____	Zip: _____
Parent/Guardian Name(s): _____		Relationship to Camper: _____	
Primary Phone: ()		Secondary Phone: ()	
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

Emergency Contact Information

In case the adult(s) listed above cannot be reached, please provide the name and phone numbers of **someone (not a parent or guardian)** who will be available while your child is at camp. We may call emergency contacts if we cannot reach a parent/guardian. If the emergency contact is the caseworker, please list phone number for evenings and weekends. It is not acceptable to only list the daytime telephone number. **Make sure this person is available while your child is at camp and would be able to pick up and take care of your child if he/she needed to return home. By listing someone as an Emergency Contact you are authorizing them to pick your child up from camp.**

Emergency Contact #1: _____		Relationship to Camper: _____	
Primary Phone: ()		Secondary Phone: ()	
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

Emergency Contact #2: _____		Relationship to Camper: _____	
Primary Phone: ()		Secondary Phone: ()	
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

1. Give the date of the latest immunization for the following. We need the specific date, not just a note that the immunization is current. A copy of the child's immunization record can be attached instead of completing this section.

DPT (Diphtheria Pertussis Tetanus)	Polio	Hepatitis A
TD (Tetanus Diphtheria)	Chicken pox	Hepatitis B
MMR (Measles, Mumps, Rubella)	HIB (Haemophilus Influenza B)	FLU

2. List any of the following

Dietary Restrictions	<input type="checkbox"/> No Pork <input type="checkbox"/> No Red Meat <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other _____
Food Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Medication Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Environmental Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:

Camper's Name: _____ Camper's Current Grade: _____

3. Has your child ever been diagnosed with any of the following?

- | | |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...ADD/ADHD | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Gastrointestinal Problems |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Anxiety/Depression | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Anemia |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Dizziness/Fainting/Fatigue | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Sickle Cell Anemia/Trait |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Asthma/Breathing Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Tuberculosis |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Glasses/Contacts | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Diabetes |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Dental – braces or retainer | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Hepatitis |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Hearing Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Heart Condition |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Joint/Bone Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Chronic Illness |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Eating Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Chronic Infection(s) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Menstrual Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Operations/Hospitalization |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Seizure Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Serious Injury |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Bedwetting | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Other _____ |

If you marked "Yes", please provide additional details:

4. Has your child ever experienced any of the following?

- | | |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Hyperactivity | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Headaches/Migraines |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Shortness of breath (not related to exercise) | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Dizziness/Fatigue |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Difficulty breathing during exercise | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Recent injury |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Passed out/had chest pain during exercise | <input type="checkbox"/> Yes <input type="checkbox"/> No ...If female, started period/menstrual cycle |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Problems falling asleep | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Problems associated with period/menstruation |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Problems staying asleep | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Irregular eating patterns |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Sleepwalking | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Generalized Anxiety |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Difficulty waking up | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Separation Anxiety |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Nightmares/Night terrors | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Feeling sad/depressed |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ...Bedwetting | <input type="checkbox"/> Yes <input type="checkbox"/> No ...Sudden changes in mood |

If you marked "Yes", please provide additional details:

5. Please list any pertinent Family Health History: N/A

6. Are there any activities which should be limited or encouraged? No Yes If yes, give details.

7. List any medication camper takes on a regular basis. N/A

All medications and vitamins should be sent to camp in the ORIGINAL container, with the adequate amount for the entire session. Please label all containers with your child's name, place all medications in one zip lock bag, and give it to the staff at the bus stop. Camp is a highly structured environment and therefore all medication MUST be sent to camp, even if not normally taken in the summer.

Medication	Dose	Times when taken	Date Started	Reason for taking

8. List any medical equipment/appliances sent to camp: N/A

9. Any over the counter medication that should not be given: N/A

Tell Us About Your Camper!

This information will help our staff get to know your child better. Please answer each question honestly. If we have questions about your responses, we will reach out to you to discuss further. All information on this form will be kept confidential.

- Does your child want to come to camp? Yes No
- Does your child have his/her own room at home? Yes No; shares with this many siblings _____
- Does the child use a ritual to fall asleep (e.g., reads, listens to music, watches tv, etc.) Yes No
 - If yes, please describe: _____
- Our campers wake up at 6:45 and go to bed at 9:45. Will your child adjust to this sleep schedule? Yes No
- Does your child have routine chores around his/her home? Yes No
 - If yes, please describe: _____
- What does your child do after school and/or in evenings?

- How does your child “decompress” following a day at school?

- Has your child spent at least two overnights away from home with people other than relatives? Yes No
 - When away from home, can your child do this without calling home or needing additional support? Yes No
- Has your child had friends (other than family members) spend the night at their home (i.e. sleepovers)? Yes No
- Our campers are responsible for meeting their own personal needs: they shower themselves, get dressed, eat, select clothes as well as other things. Is your child capable of meeting his/her own personal needs? Yes No
- Our campers are around other people all the time; privacy is rare. How quickly might your child feel overwhelmed by this constant companionship and what behaviors indicate that s/he’s feeling that way?

- Your camper will only be communicating with you by writing letters. If you call camp, you will speak with either your child’s Village Director or Camp Director. We do not typically allow campers to speak to their parents on the phone. We do not allow parent/guardians to visit camp while their child is in session. Are you (parent/guardian) ready for your child to be at camp knowing there will be limited communication with you? Yes No

Camper’s Name: _____ Camper’s Current Grade: _____

Any additional comments, concerns, or information you want the Camper Care Team to know? N/A

a. Would you like a member of the Camper Care Team to contact you about any of the information listed on the Health Form or concerns you have regarding your child’s health at camp? Yes No If yes, give details:

Name of camper’s physician: _____

Phone: (_____) _____

Date of last physical exam: _____

Conducted by: _____

Is the camper covered by Medicaid or family medical/hospital insurance? Yes No

If yes, a copy of the card must be attached.

Policy Holder or Responsible Party if camper is not covered by Insurance

Name	Relationship	Date of Birth
Social Security #	Employer Name And Phone	()
Driver’s License #	Race	Preferred Phone ()
Address	City	State Zip

PARENT/GUARDIAN AUTHORIZATION

This health history is correct and accurately reflects the health status of the camper to which it pertains. The person described has permission to participate in all Sherwood Forest activities except as noted by me and/or the examining physician. I give permission to the physician selected by Sherwood Forest to order x-rays, routine tests, and treatment related to the health of my child for both routine healthcare and in emergency situations; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. 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 my child. I understand the information on this form will be shared on a “need to know” basis with Sherwood Forest staff. I understand that I will need to complete an additional COVID-19 waiver before my child can attend camp. In addition, Sherwood Forest 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 camp staff about my child’s health status. I give permission to photocopy this form.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

If the camp must obtain such consent from the agency that has legal guardianship of the camper, please give the agency contact person’s name and phone numbers.

School/Agency/Mentor Contact

Daytime Phone () Evenings/Weekends () Cell Phone ()



ATTENTION MEDICAL PROVIDER:

Sherwood Forest’s medical insurance is secondary coverage. If this camper requires medical treatment, please send invoices/statements to:

- Camper’s family medical insurance ~ **Copy of the insurance card is attached.**
- The camper’s parent at the address on the reverse of this form ~ **Insurance is indicated but no information is provided.**
- Sherwood Forest, 2708 Sutton Blvd., St. Louis, MO 63143-3008, Phone: 314-644-3322, Fax: 314-644-3330

Camper’s Name: _____ Camper’s Current Grade: _____