Camper Health Form

Camp New Journey

Group Name:_____ Camp Date(s): _____

Before you begin, please make sure you have the following information for each camper you are registering.

- *Medication Instructions or Allergy Information (if any)*
- *Immunization Record (Vaccinations and/or Boosters)*
- *Family Doctor & Insurance Information*

Medical information is required for your camper to attend camp. This information is essential to ensure the safety and well-being of campers during their time at camp.

Camper Information

Camper First Name:_____ Camper Last Name: _____

Camper Address:_____ City:_____ State:_____ Zip: _____

Camper Birthday:_____ Camper Gender: _____

Parent/Guardian Name: _____

Address:_____ City:_____ State:_____ Zip: _____

Home Phone:_____ Cell Phone:_____ Work Phone: _____

In case of an emergency and parent/guardian is unreachable, please notify:

Name:_____ Relationship:_____ Phone: _____

Name:_____ Relationship:_____ Phone: _____

Allergies and Dietary Restrictions

Does your camper require an EpiPen? Yes No

Please provide details about your camper's anaphylaxis, including the date and description of the reaction:

_____

Does your camper have any allergies? Yes No

Allergy Type(s): _____ Allergic to: _____

Allergic reaction details, date and descriptions:

_____

_____

Does your camper have any dietary restrictions? Yes No

Please provide details about your camper's dietary restrictions:

_____

Medications and Treatments

Will your camper be taking any medications while at camp? Yes No

Please explain the reason for the medication and any notes on giving this medication to your camper in the spaces below.

Medication (1): _____	Medication (2): _____	Medication (3): _____
Dose (1): _____	Dose (2): _____	Dose (3): _____
☐ Morning ☐ Lunch ☐ Dinner ☐ Bedtime	☐ Morning ☐ Lunch ☐ Dinner ☐ Bedtime	☐ Morning ☐ Lunch ☐ Dinner ☐ Bedtime
Notes:_____	Notes:_____	Notes: _____

Will your camper require any treatments while at camp? Yes No

Please explain what treatment(s), including the frequency.

_____

Does your camper regularly take any medications that **will not** be taken at camp? Yes No

*Explain what medications your camper takes regularly and why they are taken.*_____

_____

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Immunizations:

Please list the date or confirm your camper's most recent vaccination (if any) or booster is up to date for the following:

Tuberculosis (TB)	Immunized _____	Hemophilic Influenza B	Immunized _____
Chicken Pox (Varicella)	Immunized _____	Hepatitis B	Immunized _____
Diphtheria, Pertussis,	Immunized _____	Measles	Immunized _____
DPT Series	Immunized _____	Rubella	Immunized _____

If your camper has not been fully immunized, please explain:

Over the Counter Medications:

The following over the counter medications may be given to your camper while at camp. Check all that apply. If there is a preferred or needed name brand, please purchase and check-in as medicine.

- ☐ Acetaminophen
- ☐ Allergy Medication
- ☐ Antibiotic Ointment
- ☐ Antihistamines
- ☐ Betadine/PhisoHex
- ☐ Calamine Lotion - Itch
- ☐ Chloraseptic Spray
- ☐ Cortaid - Itch Relief
- ☐ Cough Medicine
- ☐ Diarrhea Aid
- ☐ Hydro-Cortisone Cream
- ☐ Hydrogen Peroxide
- ☐ Ibuprofen
- ☐ Insect Repellent
- ☐ Nasal Decongestant
- ☐ Sore Throat Lozenges
- ☐ Sting Swabs
- ☐ Sunburn Spray
- ☐ Sunscreen
- ☐ Tylenol Cold Formula
- ☐ Upset Stomach Aid
- ☐ Zinc

Health History:

Please check if your camper has experienced, or is currently experiencing, any of the following conditions?

ADD/ADHD	☐ Yes	☐ No	Ear Infections	☐ Yes	☐ No
Asthma/Inhaler	☐ Yes	☐ No	Eating Disorder	☐ Yes	☐ No
Bedwetting	☐ Yes	☐ No	Epilepsy	☐ Yes	☐ No
Behavioral Issues	☐ Yes	☐ No	Headaches	☐ Yes	☐ No
Blackouts/Fainting	☐ Yes	☐ No	Homesickness	☐ Yes	☐ No
Depression	☐ Yes	☐ No	Mental Health	☐ Yes	☐ No
Developmental	☐ Yes	☐ No	Seizures	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Other	☐ Yes	☐ No

Has your camper had any operations? Yes No

Has your camper ever been hospitalized or had a serious injury? Yes No

Has your camper been exposed to any communicable diseases within the last 3 months? Yes No

Does your camper have any restrictions on activities? Yes No

Will your camper require any special assistance while at camp? Yes No

If you answered "yes" to any of the above questions, please describe further here. Fully explain any condition your camper is currently experiencing and how staff can better assist. Please list any other medical information the camp should have about your camper.

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Health Insurance, Physician & Dentist/Orthodontist Information:
Please attach a copy of insurance card

Name of Policy Holder:_____ Phone: _____
Employer Name (if insured through company): _____
Health Insurance: _____ Policy #: _____ Group #: _____
Physician: _____ Phone #: _____
Dentist: _____ Phone #: _____

Authorization and Release: *a signature is required from a child's parent or legal guardian

General Release for all campers:
I hereby give permission for the camper and/or myself, as named above, to participate in all camp scheduled activities including sport challenges, zip-lines, swimming, kayaking, and off-site field trips, except as noted. I have read the registration, payment, refund and cancellation information, and agree to the provisions as stated. I have read and agree to the CNJ Privacy Policies found at campnewjourney.org/privacy including permission to use photos of the camper and/or myself in CNJ promotions. The named camper will follow the camp rules and direction of camp staff.

Youth Camper Medical Release:
I hereby give permission for the camper, previously named, to receive the over-the-counter and prescribed medications as indicated at the direction and under the supervision of designated Camp Health Center staff. I hereby give permission to the medical personnel selected by the camp director to provide routine health care; order x-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to arrange necessary transportation for my child. In the event I am unreachable in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for child as named above. This completed form may be photocopied for trips out of camp.

Adult/Family Camper Medical Release:
I/we understand that as a family, we are responsible for our own health care at camp. However, I give permission to the camp staff to secure professional medical/surgical treatment for me if I/we are unconscious or unable to respond in a medical emergency. I give permission to provide routine health care; order x-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to arrange necessary transportation for me and/or my family as named above. I hereby give permission to the physician selected by the camp staff to hospitalize and secure proper treatment, to order injection and/or anesthesia and/or surgery for me and/or my family as named above.

_____ _____ _____
Signature of Parent/Legal Guardian or Adult Camper *Printed Name* *Date*

_____ _____ _____
Signature of Parent/Legal Guardian or Adult Camper *Printed Name* *Date*

Please complete and submit (online or via mail) at least two (2) weeks prior to arrival.

Mail: Camp New Journey 22601 Big Pines Hwy, Valyermo, CA 93563
Email: info@campnewjourney.org.
Call: 310.863.4624