Campus Recreation Camps Health History and Medical Authorization Form

Participant's Name: _____ Birth Date: _____
Home Address:_____

Instructions: We ask that you complete this form in order to help assure that your child's camp experience will be healthy and happy. It is not necessary to have this form filled out by a physician, however, if you have a physical fitness form, completed by a physician, please attach it.

Health History: Please check below those that apply and give approx. dates where applicable.
Yes/ No (*If "Yes" to any, please provide information*.)

_____ ADD/ADHD	_____ Anxiety	_____ Asthma	_____ Autism
_____ Behavioral issues	_____ Bleeding/Clotting	_____ Bipolar	_____ Cramps
_____ Depression	_____ Diabetes	_____ Ear Trouble	_____ Fainting
_____ Hay Fever	_____ Headaches Allergies	_____ Heart Trouble	_____ Nosebleeds
_____ Seizures	_____ Sinus Infection	_____ Sore Throat	_____ Sleepwalking

_____ Other:

1. Does this child currently take a prescribed medication or treatment (including Homeopathic? If yes, what, when, and why? Please include a schedule if needed for camp. _____
2. Is your child allergic to any food, drug, or other substance? If yes, please list all allergic substances and describe their reactions:
   _____
3. Has your child ever had any unusual reaction to an insect bite or bee sting? If yes, explain.
   _____
4. Does your child require self-medication (carry an inhaler or anakit)? If yes, you must include a written note from their physician, indicating the need and training in its safe use. _____
5. Is there any factor that makes it advisable for your child to follow a limited program of physical activity? If yes, please explain_____
6. Is your child currently under the regular care of a physician? If so, please explain briefly.
   _____

Additional Information: Please attach or write below any background information that might help us interact more effectively with your child and keep all campers safe. (Does your child have any condition, which someone who does not know your child might consider a concern?) Information such as: if your child receives care or takes medication for: emotional, behavioral, learning and/or psychological concerns, if she/he has a tendency to refuse her/his medication, if she/he is frequently "ill", or if there is a history of homesickness, can help us to provide a better camp experience for your child. Feel free to use an additional or separate sheet of paper. You may also contact our Camp Director prior to your child's arrival at camp. If our Camp Director has questions, they may contact you. Our goal is to provide the best possible environment for all children and your cooperation will be vital to this process. Thank you.

Parent/Guardian Authorization: I hereby authorize the camp staff to consent to medical treatment for my child, and to transport them if necessary. I will not hold these leaders responsible for the consequences of exercising this power so long as they act in good faith with the best interest of my child in mind. I further consent to any treatment by any hospital or physician, which, in their judgment, is in the best interest of my child. I will not hold any hospital or physician responsible for the consequences of accepting my child for treatment upon receiving the consent of camp staff and upon being shown this Medical Authorization. I expect to be informed of my child's condition and of treatment provided as soon as possible.

Signatures of Parent(s)/Guardian(s):_____
Best phone # to reach you: _____

If we cannot reach you, please name an emergency contact.
Name:_____ Relationship to participant:_____
Day Phone #:_____ Cell Phone #:_____

Family Doctor's Name:_____ Phone #:_____

INSURANCE: Each participant is strongly encouraged to be covered by his/her own health insurance. The University of Maine and Campus Recreation do not provide sickness, health, or accident insurance.
Insurance Company: _____ Policy/Group No.:_____