

# Mendham Day Camp Camper Health Form

**IMPORTANT: Health Form must be submitted to our camp office upon registration.** Updates can be submitted later by email. Please ensure it is filled out completely & accurately. Campers cannot attend camp without a current health form on file prior to camp.

## CAMPER INFORMATION: (print clearly)

Submit Completed for via email to: [kwiggins@mendhamnj.org](mailto:kwiggins@mendhamnj.org)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ Grade (level of next year): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Household Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

## PARENTS / GUARDIANS & EMERGENCY CONTACTS: (print clearly) (attach separate sheet of paper if necessary)

**Legal Custody: who has Custody and is Legally Responsible** for this camper (be sure to include their contact information below):

☐ Both Parents (live together) ☐ Joint Custody (live apart) ☐ Mother ☐ Father ☐ Grandparents ☐ Guardian ☐ Foster Parents  
☐ Other:

★★★ List in order who should be contacted in case of emergency – be sure to include parents/guardians: ★★★

1<sup>st</sup> Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

2<sup>nd</sup> Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

3<sup>rd</sup> Contact: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

First & Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

## INSURANCE INFORMATION: (In case of emergency, this information will be required at any medical facility.)

Insurance Company Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

## ALLERGIES: Does your child have any allergies. Be specific, attach separate page if necessary

Indicate Type: Drug, Food, Environmental, Insect, Other	Allergen (please be specific)	Type & Severity of Reaction (Indicate if life-threatening)	Management / Treatment / Medication	Date of Last Reaction

**EPI-PEN:** Does your child require an EpiPen? ☐ No ☐ Yes - If yes, please provide details about your camper's anaphylaxis, including the date and description of any reaction. An Anaphylaxis Emergency sheet will be generated using the information provided.

\*\*\* If your child has an EpiPen (i.e. bee/wasp allergy), please provide two non-expired EpiPens in original box with prescription label \*\*\*

**ASTHMA/INHALER:** Does your child have asthma? ☐ No ☐ Yes - If yes, indicate severity? ☐ Mild ☐ Moderate ☐ Severe

☐ Made worse by activity. What are the triggers for these attacks? \_\_\_\_\_

If your child has used their puffer in the last year, they are required to have a puffer at camp.

## Camper Health Form (continued)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### **HEALTH HISTORY:** Has your child experienced or is currently experiencing any of the following conditions:

- |                                |                                       |  |
|--------------------------------|---------------------------------------|--|
| ___ ADD/ADHD                   | ___ Diabetes                          | ___ Nosebleeds                               |
| ___ Back / Neck Pain or Injury | ___ Ear Infections / Hearing Problems | ___ Skin Problems                            |
| ___ Behavioral Issues          | ___ Epilepsy / Seizures               | ___ Speech Problems                          |
| ___ Blackouts / Fainting       | ___ Headaches / Migraines             | ___ Sprains, Strains, or Fractures           |
| ___ Bleeding Disorder          | ___ Heart condition                   | ___ Visual Problems / Wears Glasses/Contacts |
| ___ Chest Pain                 | ___ Kidney Disease                    | ___ Weight Concerns / Eating Disorder        |
| ___ Chrons / Colitis / IBS     | ___ Learning Disabilities             | ___ Other, please explain:                   |
| ___ Concussion                 | ___ Mental Health Issues              |  |
| ___ Developmental Delays       | ___ Motion Sickness                   |  |

**Be sure to fully explain any conditions your child is currently experiencing. It is important to include ALL information regarding your camper's history of illness so that our staff are prepared in case of incident or emergency.**

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### **ACTIVITY RESTRICTIONS:** Does your child have any restrictions on activity? ☐ No ☐ Yes - If yes, please explain: \_\_\_\_\_

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### **ADDITIONAL INFORMATION:** Please list any other medical information the camp should know about your child.

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### **RELEASE OF LIABILITY & AUTHORIZATION FOR TREATMENT:**

I recognize and acknowledge that there are certain risks of physical injury to campers and I agree to assume the full risk of any injuries, damages or loss, regardless of severity, which my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with Mendham Borough Day Camp. I agree to waive and relinquish all claims my minor child/ward may have against Mendham Borough and its officers, agents, volunteers and employees as a result of participation in the program. I do hereby fully release and discharge the Mendham Borough and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s). I further agree to indemnify and hold harmless and defend the Mendham Borough and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by my minor child arising out of, connected with, or in any way associated with the activities of the program(s). I hereby give permission to Mendham Borough Day Camp to provide first aid treatment for minor injury or illness and to provide and arrange for emergency treatment of other illnesses. In the event of any emergency, I authorize the Mendham Borough Day Camp to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes the transporting of my minor child/ward's by ambulance, if necessary, to the nearest medical treatment facility or to the hospital, if I am unable to be reached first. I give permission to Mendham Borough Day Camp to photocopy this form to accompany camper for medical treatment and for trips off campgrounds.

★ **Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_