

CAMP TROLLFJELL & TROLLFJELL FOLKEH?GSKULE

CAMPER/STUDENT HEALTH HISTORY - 2015

02/08/2015

CAMPER/STUDENT INFORMATION

Camper/Student Name: Camper-first-name Camper-last-name

Date of Birth: 01/15/2005

Gender: Male

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: Parent-first-name
Parent-last-name

Best Emergency Phone: (831)555-1212

Email: someone@somedomain.com

Alternate Phone: (831)555-4466

EMERGENCY CONTACTS

Name	Phone	Relationship
Mr Emergency One	408-555-1212	Uncle
Jane Smith	707-555-1212	Grnadmother

AUTHORIZED TO PICK UP CAMPER/STUDENT FROM TROLLFJELL

Name	Phone	Relationship
Campers Parent Name	408-555-9876	parent
Jane Smith	707-555-1212	Grandmother

HEALTH CARE PROVIDERS

Health Insurance Company: Fly by Night, Inc

Policy Number: 1234-5678-910

Insurance Co. Phone: (800)555-1212

Camper/Student Physician: Dr Jane Smith

Physician's Phone: (408)555-1212

Camper/Student Dentist: Dr Sam Space

Dentist's Phone: (831)555-9988

IMMUNIZATIONS

DPT: 02/01/2015

Hepatitis: 02/01/2015

MMR: 02/01/2015

Polio: 02/01/2015

Chicken Pox: 02/01/2015

GENERAL HEALTH HISTORY

Sleepwalking:

My child had a sleepwalking issue in the past, but not for several years now.

Contacts:

My child wears contact lenses

Has your child had any recent injury, illness or infectious disease?

No.

Has your child had a chronic or recurring illness/condition?

No

Has your child ever been hospitalized or had surgery?

Broken arm two years ago.

Has your child ever been hospitalized or had surgery?

No

Has your child ever passed out during or after exercise?

No

At the time of Camp, will your child have been out of the country in the last 30 days?

No

If you child has been in Mexico within the last 30 days, please state where:

No

MEDICATIONS

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Prescription Medications

This camper/student takes the following medications.

Name of medication	Dosage	Frequency	Specific times taken each day	Reason for taking
Drug-one	10mg	2 daily	with breakfast and dinner	just for fun
Drig-two	1mg	1 daily	at lunch	why not?

Nonprescription Medications

I authorize the following medications to be given as needed:

Tylenol: OK

Ibuprofen: OK

Benadryl: OK

Pepto Bismol: OK

Chloraseptic: OK

Caugh Dropss: OK

Calamine Lotion: OK

Hydocortisone Cream: OK

Clortrimazole Cream: OK

Identify any medications taken during the school year that participant does/may not take during the summer

Name of Medication Allow / Disallow

Some meds ok with me

ALLERGIES

Medication Allergies

Name of Medication Describe reaction and management of the reaction.

quinine cold sweats - avoid taking

Food Allergies

Food name Describe reaction and management of the reaction.

none

Other Allergies

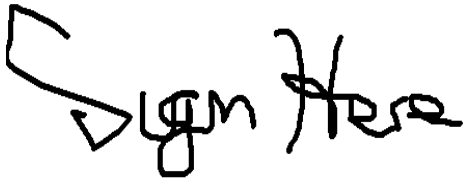
Type of allergy Describe reaction and management of the reaction.

bee stings death

CONFIDENTIAL

PARENT/GUARDIAN'S AUTHORIZATION

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission selected by the Sons of Norway District Six Language/Heritage Camp to order X-Rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Sons of Norway District Six Language/Heritage Camp to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child named above.

A handwritten signature in black ink that reads "Sign Here". The signature is written in a cursive, somewhat stylized font. The word "Sign" is written in a larger, more prominent script, and "Here" is written in a smaller, more standard cursive script to its right.

Parent-first-name Parent-last-name
02/08/2015

CONFIDENTIAL