

Hamilton College Summer Camp Health Record

The New York State Department of Health requires this health record to be returned completed before your child can attend summer camp.

Disclosure Statement:

1. All Hamilton College summer sports camps are required to be licensed and inspected by the New York State Department of Health.
2. The New York State Department of Health inspection reports are filed at the Oneida County Department of Health.

Camp Attending: _____

Session: _____

Name: _____
Last First Middle Initial

DOB: _____ Age: _____ Sex: _____

Parent/Guardian: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Emergency Contact: _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Health History

Asthma: yes _____ no _____
Diabetes: yes _____ no _____
Heart Problem: yes _____ no _____
Mono: yes _____ no _____
Cancer: yes _____ no _____
Ear Infection: yes _____ no _____
Loss of Limb: yes _____ no _____
Orthopedic Problem: yes _____ no _____
Depression: yes _____ no _____
Head Injury: yes _____ no _____
Migraine: yes _____ no _____
Tuberculosis: yes _____ no _____

Please explain all "yes" answers: _____

Other serious illness or injury: _____

List **all** current medications (Prescription, "over the counter" and Herbal): _____

Health Insurance Provider: _____

Policy/ID Number: _____

Insurance Provider Contact: Phone: _____

Mailing Address: _____

Please include a photocopy of your Health Insurance card for our records.

Allergies

Aspirin yes _____ no _____

Penicillin yes _____ no _____

Sulfa yes _____ no _____

Bee Sting: yes _____ no _____

If yes, does he/she carry and Epi Pen? yes _____ no _____

Food, please list: _____

Other: _____

Please indicate Yes or No for over the counter medications that may be administered to your child if indicated due to injury and/or illness, according to the manufacturer's recommendations, by the Hamilton College Summer Camp Health Center Staff.

Medication:	Yes	No	Medication:	Yes	No
Ibuprofen	_____	_____	Robitussin DM	_____	_____
Tylenol	_____	_____	Benadryl	_____	_____
Sudafed	_____	_____	Pepto Bismol	_____	_____
Mylanta	_____	_____	Antibiotic Ointment	_____	_____
			Hydrocortisone Cream 1%	_____	_____

Immunization History (Please List Dates)

Copy of Immunization Record Preferable.

DPT _____ Booster _____

Polio OPV (Sabin) _____ Booster _____

Measles/Mumps/Rubella (MMR) #1 _____ #2 _____

Meningitis _____ See form, Td _____

Tuberculin Test _____ Results _____

Hepatitis B #1 _____ #2 _____ #3 _____

Varicella _____

Restrictions/limitations for camper while at camp? yes _____ no _____

If yes, please explain: _____

Parent's Authorization

My child has had a recent physical on _____ and may participate in all activities in the Hamilton College _____ Camp. I give my child permission to be treated by emergency response personnel.

Parent/Guardian Signature _____

Date _____

Reviewed by Christine Merritt, NP/RPA-C

Signature _____

Date _____