**Health Information Form for Children: Diabetes and You: Kamp for Kids**

**(Please read all information carefully!)**

Name: Birthdate: Sex:

Grade Completed: Age of Child at time of Camp:

Grade entering in the upcoming fall:

Name of Parents/Legal Guardian:

Email Address:

Business Phone: Cell:

Business Phone: Cell:

Child has diabetes: Date diagnosed:

Sibling of child with diabetes:

Name one Kamper you would like to be grouped with and their age:

Name of sibling/friend with diabetes:

**In case of emergency, if parents/guardians cannot be reached, please notify:**

1. Name, Address, Phone

2.Name, Address, Phone

Family Medical/Hospital Insurance Carrier:

Policy ID# : Policy Group#:

***Health History*** (Check with X & give approximate dates)

\_\_\_\_\_frequent ear infections **Diseases**

\_\_\_\_\_heart disease/defect \_\_\_\_\_\_Chicken pox

\_\_\_\_\_convulsions \_\_\_\_\_\_ Measles

\_\_\_\_\_diabetes \_\_\_\_\_\_ German measles

\_\_\_\_\_bleeding/clotting disorder \_\_\_\_\_\_ mumps

\_\_\_\_\_hypertension

\_\_\_\_\_mononucleosis

\_\_\_\_\_other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If your child has diabetes, is it well controlled***\_\_\_\_\_Yes\_\_\_\_\_No.

If no, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If your child has diabetes, what was his/her HgbA1c****?\_\_\_\_\_\_*

***Does your child have any activity limitations?\_\_\_\_\_***Yes\_\_\_\_\_No

If so, what are they?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Does your child require a specific snack before activity?***\_\_\_\_\_Yes\_\_\_\_\_No.

If so, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Does your child have any dietary restriction****?*\_\_\_\_\_Yes\_\_\_\_\_No. Food allergies\_\_\_\_\_\_\_

If so, what are they?\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Does your child have a calorie restriction****?*\_\_\_\_\_Yes\_\_\_\_\_No. If so, what?\_\_\_\_\_\_\_\_\_\_\_\_

***Does your child have any of the following allergies?*** [Medications (list),animals, seasona/environmental, insect stings, plants (poison ivy, etc), food, other] List allergies and explain usual reaction and usual treatment:

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\*\*If the usual treatment requires benadryl/Epi-pen/inhalers for allergic/asthmatic reactions, the child must bring it to camp every day. (Please list in medications below.)

***Are all immunizations up-to-date?***\_\_\_\_\_Yes\_\_\_\_\_No

***Date of last tetanus*** (DPT, DT, TT) shot **MUST** be listed here.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications (send with instructions):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please describe dosage, insulin, child’s skill level, any other information on form)

Other conditions/health related needs not mentioned above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other persons to whom child may be released (photo ID required):

1. Name:

Address-Zip:

2. Name:

Address-Zip:

3. Name:

Address-Zip:

4. Name:

Address-Zip:

**Emergency Procedures**

The following procedures will be used in caring for your child when he/she becomes ill or injured at camp.

In case of emergency and/or need of medical or hospital care:

1. The camp will call the home. If there is no answer,
2. The camp will call the father’s, mother’s or guardian’s place of employment. If
3. there is no answer,
4. The camp will call the other telephone numbers listed.
5. If none of the above answer, the camp will call an ambulance, if necessary, to
6. transport the child to a local medical facility.
7. Based upon the medical judgment of the health care provider, the child may be
8. admitted to a local medical facility.
9. The camp will continue to call the parents/guardians until one is reached.

**Important: This section must be completed for day camp attendance.\***

This health history is correct so far as I know, and the person herein described has permission to engage in all activities, except as noted. I take full responsibility for any medical problems (illness or injury) that occur as a result of my failure to disclose medical conditions, restrictions, or limitations of my child or those injuries not caused by the University’s negligence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

Authorization for treatment: I hereby give permission to the medical personnel selected by the activity director to order x-rays, routine lab tests, treatment; to release any record necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the health care provider selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

If for religious reasons you cannot sign this statement, then the camp should be contacted for a legal waiver which must be signed for attendance.

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IMPORANT INFORMATION!!!

o After completing this Health Form you MUST electronically send the completed form to our email account. We will NOT be accepting Health Forms by regular mail- only through the computer. It is easiest to fill it out by downloading the file to your computer, completing it and then saving it so that you can attach it as a Document in an email to the following email address: UDKamp4Kids@gmail.com