



Camp Taiwan Health History Form

Health history form for Children, youths and Adults Attending Camp Taiwan. Parents or staff should fill out this form. This form must accompany final payment or be received prior to receiving a staff contract. If any information is found to be falsely stated then campers will be sent home without refund and staff will be terminated. Staff who are minors (under 18 Years of age) must have a parent/ guardian's sign the form.

Camper/ Staff Information

First Name: _____ Last Name: _____
 (if different than from above): _____
 Name to be used at camp, on address lists, etc. _____ education completed by summer _____
 Gender: male female date of birth (m/d/y) ____ / ____ / ____
 School of education completed _____ Age at camp time _____ Years _____ Months

Custodial Parent / Guardian

Parent(s) / Legal Guardian(s) full (first and last) Name(s): _____
 Mailing Address _____
 Home Phone () _____ Home Fax () _____ Home Email _____
 Other authorized Parent/ Guardian (if not living with child) _____ Relationship _____
 Emergency contact (other than parent) _____ Telephone () _____
 Healthcare coverage by _____ Policy # _____

Insurance Information

Does the participant have additional insurance coverage? Yes No
 If so, indicate carrier plan or name _____ Group # _____
 Carrier address _____
 Name of insured _____ Relationship to participant _____
 ID # of policy holder or insurance ID # _____

Important – These boxes must be complete for attendance

Parent/ guardian/ staff authorization: This health history is correct an complete as far as I know, and the person herein described has permission to engaging in all camp activities except as noted. I herby give permission to the camp to provide routine health care administer prescribed medications and seek emergency treatments including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation to me/ my child. In the event I cannot be reached in an emergency, I herby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed for may be photocopied for trips out of camp.
 Signature of parent or guardian or adult camper/staff _____
 Printed name _____ Date _____

I also understand and agree to abide by any restrictions on my participation in camp activities.
 Signature of minor or adult camper / staff _____ Date _____

Allergies – list all known then describe reaction and management of reaction

Medication allergies:

_____	_____
Food Allergies:	_____
_____	_____
Other allergies:	Included bites, stings, hay fever, animals etc.
_____	_____
_____	_____

Medications being taken

Please list all medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire duration at camp. All medication must arrive in the original package/bottle that identifies the prescribing physician (if a prescription drug) the name of the medication, the dosage, the frequency of administration and its purpose.

Medication Name	Dosage	For treatment of:	Special Instructions

Restrictions: *The following restrictions apply to this individual*

Does not eat: red meat pork dairy products poultry seafood eggs other _____

Explain any restrictions to activities:

Has/does participant:	Yes	No	Has/does participant:	Yes	No
1. Had any recent injury or illness			16. Ever had back problems		
2. Have an Infections disease			17. Ever had joint problems (knee ankle etc)		
3. Have a chronic or recurring illness/condition			18. Have an orthodontic appliance being brought to camp		
4. Ever been hospitalized			19. Have a skin condition or rash		
5. Ever had surgery?			20. Have diabetes		
6. Have frequent headaches			21. Have asthma		
7. Ever had a head injury			22. Had mononucleosis in past 12 months		
8. Ever been knocked unconscious			23. Have problems with bowels or urinary tract		
9. Wear glasses or contacts			24. Ever sleepwalked		
10. Ever had ear infection			25. Have a history of bed wetting		
11. Ever been dizzy or fainted during exercise			26. Have or ever had an eating disorder		
12. Ever had seizures			27. (Females) have history of painful menstruation		
13. Ever had chest pain during or after exercise			28. Ever had emotional difficulties for which professional help was sought		
14. Ever had high blood pressure			29. Have learning disability		
15. Ever been diagnosed with heart murmur			30. Been diagnosed ADD or ADHD		

Please explain any yes answers here:
