GOLD STAR SPORTS - HEALTH FORM

CAMPER IDENTIFICATION / FAMILY CONTACT INFORMATION:

Child's First & Last Name:	Grade & School in fall	Birth Date:	Hair Color:	Eye Color:	Height:	
(male / female)	___ grade at					- -
(male / female)	___ grade at					- -

Home Street Address:	City:	Zip Code: _ _ _ _ _	Home Phone:	

Mothers Name:	Mothers Cell Phone	Mothers Place of Employment:	Mothers Work Phone:
Fathers Name:	Fathers Cell Phone	Fathers Place of Employment:	Fathers Work Phone:

IF PARENT NOT AVAILABLE IN AN EMERGENCY, PLEASE CONTACT:

Emergency Contact Name:	Address:	Cell Phone:	Home Phone:	Work Phone:
Child's Physician:	Physician's Address:	Physicians Phone:	Is the participant covered by family medical / hospital insurance? ☐ **YES** ☐ **NO**	
Child's Dentist/Orthodontist:	Dentist's Address:	Dentist's Phone:	Carrier or plan name: _____	
Please attach photocopy of front and back of health insurance card to this form.			Policy / Group #:_____	
			Hospital Preference: ☐ Bay State ☐ Mercy	

LIST OF ALL KNOWN ALLERGIES

Medication Allergies (list) **Describe reaction and management of the reaction** (attach a separate piece of paper, if needed)

_____ _____

_____ _____

Food Allergies (list)

_____ _____

_____ _____

Other Allergies (list) – include bee/insect stings, hay fever, asthma, poison oak, 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 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.

☐ This person **takes NO medications** on a regular basis. OR ☐ This person **takes medications** as follows:

Med **#1** _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med **#2** _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Identify any medications taken during the school year that participant does/may not take during the summer (Ritalin, etc.): _____

MEDICAL INFORMATION

Which of the following has the participant had?

☐ Measles ☐ Hepatitis A
☐ Chicken Pox ☐ Hepatitis B
☐ German Measles ☐ Hepatitis C
☐ Mumps ☐ _____

Tuberculosis (TB) Mantoux Test

Date of last test _____ **Result:** ☐ Positive ☐ Negative

Child's Blood Type:

Additional Medical Notes:

IMMUNIZATION RECORD

VACCINE NAME	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
D T P						
TD (tetanus / diphtheria)						
Varioella (chicken pox)						
Polio						
Haemophilus influenza B						
Hepatitis B						
Small Pox						
M M R						
or Measles						
or Mumps						
or Rubella						

(OVER)

GENERAL QUESTIONS

Explain any restrictions of activity (e.g. what cannot be done, what adaptations or limitations are necessary)

	Has/does the participant:	YES	NO
01.	Had any recent injury, illness or infectious disease?	☐	☐
02.	Have a chronic or recurring illness/condition?	☐	☐
03.	Ever been hospitalized?	☐	☐
04.	Ever had surgery?	☐	☐
05.	Have frequent headaches?	☐	☐
06.	Ever had a head injury?	☐	☐
07.	Ever been knocked unconscious?	☐	☐
08.	Wear glasses, contacts or protective eye wear ?	☐	☐
09.	Ever had frequent ear infections?	☐	☐
10.	Ever passed out during or after exercise?	☐	☐
11.	Ever been dizzy during or after exercise?	☐	☐
12.	Ever had seizures?	☐	☐
13.	Ever had chest pain during or after exercise?	☐	☐
14.	Ever had high blood pressure?	☐	☐
15.	Ever been diagnosed with a heart murmur?	☐	☐
16.	Ever had back problems?	☐	☐
17.	Ever had problems with joints (e.g., knees, ankles)?	☐	☐
18.	Have an orthodontic appliance being brought to camp?	☐	☐
19.	Have any skin problems (e.g., itching, rash, acne)?	☐	☐
20.	Have diabetes?	☐	☐
21.	Have asthma?	☐	☐
22.	Had mononucleosis in the past 12 months?	☐	☐
23.	Had problems with diarrhea/constipation?	☐	☐
24.	Ever fainted at the sight of blood?	☐	☐
25.	Ever had an eating disorder?	☐	☐
26.	Does your child have any special needs or conditions?	☐	☐
27.	Ever had emotional difficulties for which professional help was sought?	☐	☐

Please explain any "**YES**" answers, noting the number of the questions. _____

AUTHORIZED CHECK-OUT / PICK UP LIST

The following people have my complete permission to take away / pick up my child(ren) at anytime, from Gold Star. (Do **not** list mother & father).

First & Last Name	Phone #:	Drivers License #	What is their relationship to you and your child:
		R E Q U I R E D	(☐ Emer. Contact ☐ parent of:)
		R E Q U I R E D	(☐ Emer. Contact ☐ parent of:)
		R E Q U I R E D	(☐ Emer. Contact ☐ parent of:)
		R E Q U I R E D	(☐ Emer. Contact ☐ parent of:)
		R E Q U I R E D	(☐ Emer. Contact ☐ parent of:)
		R E Q U I R E D	(☐ Emer. Contact ☐ parent of:)

☐ YES, I give my full permission for my child(ren) to check-out of and leave Gold Star Sports on their own, without a parent or guardian.

ADDITIONAL COMMENTS / NOTES TO THE CAMP STAFF:

One of our main goals at Gold Star Sports is to really get to know your child. Please feel free to list anything here that may help us get to know him/her better. You may also use this space to write any concerns you may have.

PARENT / GUARDIAN AUTHORIZATIONS:

This health history is correct and complete as far as I know, and the person/people herein described has/have permission to engage in all camp activities excepted as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records for insurance purposes or medical transport. I give permission to the camp to arrange any related transportation for me/my child/children. I herby give my full permission to any medically trained personnel and/or physician selected by the camp to secure and administer any treatment, including hospitalization, for my child/children and/or the person/people named on the previous page, Page 1 of 2. This completed form may be photocopied.

Signature of parent/guardian	Printed Name	Today's Date
_____	_____	_____/_____/_____

For Camp Staff Use Only

Medications Received:	
Additional Notes:	