

Health History Form

(to be completed by your child's PARENT/GUARDIAN)

Summer at Park

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Brookline, MA 02445

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This form is due upon registration.

Name of child _____ Nickname _____ DOB / / [] M [] F

Home address _____

City/State/Zip _____ Home phone _____

Parent(s)/Guardian(s) _____ Work or cell phone _____

Local emergency contact (OTHER than parent/guardian) _____ Phone _____

Please provide the names and phone numbers of your child's health care providers

Name of child's doctor _____ Phone _____

Medical insurance carrier _____ Policy or group # _____

Medications being taken

Please list ALL medications taken routinely (including over-the-counter or nonprescription drugs). If our nurse is required to administer medication, please bring enough to last the entire time at camp. Medications should be brought to camp in the **original labeled** pharmacy container. Parents must sign consent forms prior to the administering of any medication. Note: If the camper requires an Epi-pen for allergic reactions, an inhaler for asthma, a diabetes kit, or other special supplies or equipment, the family **MUST** provide TWO: one for the counselor to carry and one for the nurse's office. Please include the proper paperwork.

[] This child **takes NO medications** on a routine basis. OR [] This child **takes medications** as follows:

Medication 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Medication 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

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

Restrictions (The following restrictions apply to this child.)

Does not eat: [] Red meat [] Pork [] Dairy products [] Poultry [] Seafood [] Eggs [] Other (describe):

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

(continued on back)

Please complete the following section in full and add dates where appropriate. A checked item must have an explanation in the note section. If your child requires special care, please note this in the lines below:

- | | | | | |
|------------------|---|--|--|--|
| Illnesses | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Frequent strep throat | <input type="checkbox"/> Heart disease/defect | <input type="checkbox"/> Seizures (convulsions) |
| | <input type="checkbox"/> Diabetes (or insulin?) | <input type="checkbox"/> Bleeding/clotting disorder | <input type="checkbox"/> Asthma—inhaler used? Y or N | <input type="checkbox"/> Attention Deficit Disorder |
| | <input type="checkbox"/> Exposure to TB? | <input type="checkbox"/> Exposure to HIV? | <input type="checkbox"/> Exposure to Hepatitis B? | |
| Allergies | <input type="checkbox"/> Seasonal (hay fever) | <input type="checkbox"/> Poison ivy | <input type="checkbox"/> Medications | <input type="checkbox"/> Insect stings (<i>life-threatening?</i> _____) |
| | <input type="checkbox"/> Nuts (<i>life-threatening?</i> _____) | <input type="checkbox"/> Other foods (<i>life-threatening?</i> _____) | <input type="checkbox"/> Lactose intolerance | <input type="checkbox"/> Dermatologic problems (e.g., eczema) |
| Diseases | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps |
| | <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Fifth's disease | <input type="checkbox"/> Coxsackie virus | <input type="checkbox"/> Positive TB test; x-ray: _____ |
| | <input type="checkbox"/> Lyme disease | | | |

Explanations of anything checked above:

Operations/serious injuries/hospitalizations:

Chronic or recurring illness/special needs/special concerns or considerations:

Use this space to provide any additional information about your child's behavior and physical, emotional, or mental health about which the camp should be aware.

Parent/Guardian Authorization . . . MUST be completed:

This health history is correct so far as I know, and the child herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment for my child, and, in the event I and my emergency contact or physician cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child as named above. **My signature also indicates acknowledgment and permission** for over-the-counter medications that may be given to my child, such as, but not limited to Tylenol (acetaminophen), Advil (ibuprofen), Benadryl, Tums, Robitussin DM, and Non-Drowsy Dramamine (for motion sickness).

Signature of parent/guardian

Date

Also required is a copy of your child's immunizations and most recent physical examination. This must be submitted to our office upon registration. A copy of this form is available online at www.parkschool.org/summer, or you can send the standard form from your child's doctor's office. If you have any questions or have trouble finding our form online please contact the Summer at Park office.