



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Health History and Examination Form

All campers must undergo a complete physical exam within the past 24 months. On the opposite year you are required to take this form to your doctor and have them fill in the date examined, note any medical changes, and sign the bottom of the form in the appropriate space. We no longer accept medical forms from previous years.

Please return this form to: Attn. Camp Jordan, Bangor Y, 17 Second Street, Bangor ME 04401

Name _____ Birthdate _____ Sex _____ Age _____

Parent/Guardian _____ Ph. _____

Home Address _____ Ph. _____

Business Address _____ Ph. _____

Emergency Contact _____ Ph. _____

Emergency Contact Address _____ Ph. _____

Emergency Contact Business _____ Ph. _____

If unavailable in an emergency notify _____ Ph. _____

Address _____

Operations or serious injuries (dates) _____

Chronic or recurring illness or medical condition including allergies _____

Dietary restrictions _____

Current medications (send instructions) _____

Other disease _____

Name of dentist/orthodontist _____ Ph. _____

Name of family physician _____ Ph. _____

Do you carry family medical/hospital insurance? Yes No

If so, indicate carrier _____ Policy or group no. _____

Suggestions on health related information for camp personnel _____

For Females: Has this person menstruated? Yes No

Health History (Check, give approximate dates)
<input type="checkbox"/> Frequent Ear Infections
<input type="checkbox"/> Heart Defect/Disease
<input type="checkbox"/> Convulsions
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Bleeding/Clotting
Disorders
<input type="checkbox"/> Hypertension
<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Asthma
Diseases
<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Measles
<input type="checkbox"/> German measles
<input type="checkbox"/> Mumps
Allergies
<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Ivy Poisoning, etc.
<input type="checkbox"/> Insect Stings
<input type="checkbox"/> Penicillin
<input type="checkbox"/> Other (specify)

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staff _____

Witness _____

Parent Permission Form

Approval for Self-Administered Emergency Medication

As the parent or guardian of _____
Camper Name

During his/her time at camp, the above listed camper is permitted to have readily available (carry or possess outside of regular supervision of the camps' health staff) and self administer as medically necessary:

(Circle all that apply or list other Emergency Self-Administered Medication Device)

1. Asthma Inhaler
2. Epinephrine Pen
3. Other _____

I have read the State of Maine Law below, and confirm that the camper has the knowledge and the skills to have readily available and safely administer the indicated emergency medication in camp.

Parent or Guardian Signature

Date

Summary of Maine Law of Self Administration of Emergency Medications

Recreational camps for children; emergency medication. A recreational camp for boys and girls must have a written policy authorizing campers to self administer emergency medication, including but not limited to, an asthma inhaler or an epinephrine pen. The written policy must include the following requirements:

- A. A camper who self-administers emergency medication must have prior written approval of the camper's primary health care provider and the camper's parent or guardian.
- B. The camper's parent or guardian must submit written verification to the camp from the camper's primary health care provider confirming that the camper has the knowledge and the skills to safely self administer the emergency medication in camp.
- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp; and
- D. The emergency medication must be readily available to the camper.

The full statute may be viewed at
<http://janus.state.me.us/legis/statutes/22/titile22sec2496.html>

Primary Health Care Provider Form
Approval for Self-Administered Emergency Medication

As the primary health care provider for _____,
Camper Name

During his/her time at camp, the above listed camper is permitted to have readily available (carry or possess outside of regular supervision of the camp's health staff) and self-administer as medically necessary:

(Circle all that apply or list other Emergency Self-Administered Medication Device)

1. Asthma Inhaler
2. Epinephrine Pen
3. Other _____

I have read the State of Maine Law below, and confirm that the camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication in camp.

Primary Health Care Provider Name

Primary Health Care Provider Signature

Date

Summary of Maine Law of Self Administration of Emergency Medications

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- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp; and
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Immunization History

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	1
Pertussis (Whooping Cough)	2	2
Tetanus (DPT)	3	
Tetanus Diphtheria (TD)		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, rebulla)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin Test (most recent)		
Hemophilus influenza b (HIB)		
Hepatitis B		

Health Care Recommendations by Licensed Physician

I have examined the above camp applicant. Date Examined _____

In my opinion, the above applicant's condition does does not preclude his/her participation in an active camp program.

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following condition(s) _____

Current treatment (include current medications) _____

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Does the applicant have epilepsy? Yes No

Recommendations and Restrictions While at Camp

Any treatment to be continued at camp (specific dosages) _____

Any medically-prescribed meal plan or dietary restrictions _____

Any allergies (food, drugs, plants, insects, etc.) _____

Activities to be encouraged or limited _____

Additional health information _____

Please See Other Side!

Licensed Physician's Signature _____

Address: _____ Phone: _____

Date of Form Completion: _____ By: _____