

The cost of Camp Hero is \$500 and includes lodging, meals, and all camp activities excluding purchases that campers may choose to make during free time from camp stores. Please indicate if funds are available for the camper to attend Camp Hero (from parent/guardian/agency/outside scholarship/etc.) or if you are requesting a scholarship from Camp Hero. Please check all that apply:

- We are able to pay the full amount We are able to pay a portion of the full amount:_____
- The following agency/organization will pay for camp:_____ We are requesting a scholarship from Camp Hero

CAMPER EMOTIONAL/BEHAVIORAL HISTORY

	Often	Sometimes	Not at all		Often	Sometimes	Not at all
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning & Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details as needed for answers above:_____

CAMPER DETAILS:

This child's swimming ability is: Good Poor Do not Know
Learning Disabilities: Yes No Reading Level: _____
Has the child been to summer camp before? Yes If yes, where? _____ No
Camper Pajama Size: Extra Small Small Medium Large Extra Large
Camper T-Shirt Size: Child Medium Child Large Adult Medium Adult Large Adult Extra Large

HEALTH HISTORY

Indicate all known allergies, illness, disabilities, physical limitations or medical complications:

Allergies _____

Illnesses/medical complications _____

Disabilities/Limitations _____

Leg or Arm Braces Hearing Aids Eating Disorder Yes No Dietary Restrictions Yes No

Indicate date of illness, severity, complications, and any residual impairments.

Respiratory Problems _____	Hypoglycemia _____	Musculoskeletal Allergies _____
Heart or Circulation _____	Dizzy Spells _____	Foot _____
Pulmonary Edema _____	Back _____	Seizure Disorders _____
Hay Fever _____	Anaphylactic Shock _____	Poison Oak _____
Balance Problems _____	Diabetes _____	Fainting _____
Insect Bites _____	Drug Allergy _____	Other _____

Details from above: _____

Any specific activities to be **encouraged**? _____

Any specific activities to be **restricted**? _____

IMMUNIZATION HISTORY:

Please fill in dates of basic immunizations and most recent booster as best as you can.

DTP Series _____	Booster _____	Tetanus Booster _____	Polio OPV (Sabin) _____
Typhoid _____		Measles Vaccine (live) _____	Tuberculin (TB) Test _____
German Measles (Rubella) _____		Mumps Vaccine (live) _____	Smallpox _____

PRESCRIPTION MEDICATIONS: All medication sent to camp must be in original container with the pharmacy label on it.

Is your child taking any medications? No Yes, please fill in the following

1. Name _____ Dosage: _____ Times: _____

2. Name _____ Dosage: _____ Times: _____

3. Name _____ Dosage: _____ Times: _____

What is(are) the medication(s) for: _____

Doctor's Name _____ Phone _____

Please add any other comments related to HEALTH and MEDICATIONS on an additional sheet.

I understand that it is my responsibility as caregiver to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of camp. I hereby authorize the Camp Hero nurse to administer the above medication from _____ to _____.
Day/Date Day/Date

Parent or Legal Guardian Signature

Printed Name

Date

MEDICAL RELEASE FORM:

This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize Every Child Home, Inc. and the directors of Camp Hero, or such substitute as they may designate, as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Camp Hero as legal guardian/social worker/other. I give my permission for _____ to Camp Hero in the summer of 2021.
 Camper

 Authorized Signature Printed Name Date

Child's Medicaid # _____ AND/OR Name of Additional/Alternate Private Insurer _____

Additional/Alternate Insurance Policy # _____ Additional/Alternate Group # _____

Signature of authorized person: _____

Relationship of authorized person to child: _____ Date _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

I hereby give Camp Hero's Nurse permission to administer the following over-the-counter products according to manufacturer's instructions, or as otherwise specified.

I trust the Camp Hero Nurse to use his/her best judgment as situations arise, and if in doubt, he/she may call for verification.

Please check YES or NO for the medications listed blow. This form must be completely filled out by the primary caregiver who signs below, or the camper may not attend camp.

YES	NO		Specify if desired:
<input type="checkbox"/>	<input type="checkbox"/>	Sunblock	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lip balm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rash ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-aids	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-itch cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen peroxide	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ipecac syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other	_____

Parent or Legal Guardian's Signature: _____

Printed Name: _____ Phone number: _____

Person Authorized to pick-up child _____