

General Health History: Check “Yes” or “No” for each statement. Explain “Yes” answers below.

Has/does the camper:

1. Been hospitalized/had surgery in past 2 yrs? ☐ Yes ☐ No

2. Have recurrent/chronic illness(es)? ☐ Yes ☐ No

3. Had a recent injury/illness/infection? ☐ Yes ☐ No

4. Ever had a head injury or concussion? ☐ Yes ☐ No

5. Have asthma*/wheezing/shortness of breath? ☐ Yes ☐ No

6. Have diabetes? ☐ Yes ☐ No

7. Had seizures? ☐ Yes ☐ No

8. Have severe or frequent headaches? ☐ Yes ☐ No

9. Wear glasses/contacts/protective eyewear? ☐ Yes ☐ No

10. Had fainting or dizziness? ☐ Yes ☐ No

11. Have frequent bloody nose? ☐ Yes ☐ No

12. Have a phobia? (note type/severity) ☐ Yes ☐ No

13. Passed out/had chest pain during exercise? ☐ Yes ☐ No

14. Had mononucleosis during the past year? ☐ Yes ☐ No

15. Ever had back/joint problems? ☐ Yes ☐ No

16. Ever been treated for Lyme Disease? ☐ Yes ☐ No

17. Ever been stung by a bee? ☐ Yes ☐ No

18. Have any skin problems? ☐ Yes ☐ No

19. Have problems with diarrhea, constipation, or frequent stomach aches?

☐ Yes ☐ No _____

* ☐ If a camper has asthma, include a copy of the camper’s asthma action plan.

Mental, Emotional, and Social Health History:

Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

1. Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)? ☐ Yes ☐ No
2. Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder?
 ☐ Yes ☐ No
3. Ever have need for an aide at school?
 ☐ Yes ☐ No
4. Used an individualized education plan (IEP) during the previous school year?
 ☐ Yes ☐ No
5. Speak a primary language other than English?
 ☐ Yes ☐ No

Please explain "Yes" answers in the space below, noting the number of each question requiring a response. You may attach additional pages. Contact the Camp Coordinator to provide additional information if needed. To better care for your camper: Please provide any additional information about the camper's behavior or physical, mental, emotional, and social health that you think is important or that may affect the camper's ability to participate in the Camp program (shyness, learning style, etc.) List any strategies used to manage the concern or enhance the camper's ability.

Medications at home:

☐ This camper does not take medications regularly at home.

☐ This camper takes the following medications at home. (Please describe the medication and condition below.)

Medications at Camp:

☐ This camper will bring the following medications to camp:

Include any medication that the camper may need to take at camp, including vitamins, Lactaid, etc. Attach additional pages if needed. The camper's parent/guardian must supply these medications, labeled with the camper's name, unexpired and in original containers, and bearing specific directions for administering. Prescription medications must have the full pharmacy label. Contact the camp coordinator if a camper takes medication for mental health and the medication or dose has changed within the three months prior to camp.

Medication (prescribed and over-the-counter)	Dosage	When it is given	Reason for taking

Asthma Emergency Medications:

- 🍏 This camper does not have asthma emergency medications.
- 🍏 This camper needs asthma medication only for respiratory illness and will not bring it to camp unless a parent/guardian notifies the camp.
- 🍏 This camper will bring asthma medication to camp.
- 🍏 This camper will also bring: • nebulizer • spacer

Include a copy of the camper's asthma action plan. Contact the camp coordinator if you have any questions.

Medication (prescribed and over-the-counter)	Dosage	When it is given

Allergy Emergency Medications:

- 🍏 This camper does not have allergy emergency medications.
- 🍏 This camper will bring allergy emergency medication but does not need to have it nearby at all times. The medication may be stored in the medication box in the office.
- 🍏 This camper will bring allergy emergency medication and should have it nearby at all times in the camp pack. Camp staff must monitor each dose.
- 🍏 This camper has been trained to administer his/her own EpiPen. (Required for age 5+)
- 🍏 This camper recognizes the onset of an allergic reaction and can notify a camp staff member if symptoms occur.
- 🍏 This camper does not recognize and report the onset of an allergic reaction. Call the Camp Coordinator today!

Include a copy of the camper's allergy action plan.

Provide two EpiPens bearing the original pharmacy labels.

Medication	Dosage	When it is given

Contact the camp coordinator, Meg Myles, CISFSailing@gmail.com/401-855-6643, if you have any questions.

Return to: CISF, Att: Meg Myles, 7 Felucca Avenue, Jamestown, RI 02835

Medical Waiver and Authorization:
(Agreement is required for participation)

Medical Release: This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation for the camper if needed. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.

Insurance: I certify that the camper named _____ is covered by health and accident insurance, or Medicaid and that the policy information given is correct.

I, the parent/legal guardian of the named camper, have read, understood, and agree to the above.

➡ Signature of Custodial Parent/Guardian: _____

Date: _____

Print Name: _____ Relationship to camper: _____

➡ Notary Signature (optional): _____ Date: _____

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