# Health Form

**Note: Health form can be turned in first day of camp (all others forms should be mailed as soon as possible).**

In order to provide the best experience for your child, we MUST have a physician signature on you child's health form. We require that camper has received a physician's examination within two years prior to attending camp. Your physician's signature indicates that a physical has been given in that period of time and that camper is physically able to participate in a camp experience. If you would prefer to have a camp doctor provide a physical, simply attach a check for $10.00 (payable to Outdoor Odyssey) to cover the cost.

## ■ CAMPER INFORMATION

Camper _____
Last Name First MI

Age as of June 1_____ Date of Birth___/___/___

Gender: _____ Grade Entering in Fall _____

Parent/Guardian Name_ _____

Address _____

City _____

County _____ State _____ Zip _____

Daytime Phone ( ) _____

Evening Phone ( ) _____

Cell Phone ( ) _____

Emergency Contact: _____
other than parents/guardian

Relationship to Camper _____

Telephone ( ) _____

Is camper covered by health insurance? ☐ Yes ☐ No

**Attach copy of both sides of insurance card.**

List all medical conditions, physical or learning disabilities, and any emotional or behavioral issues.

_____

_____

_____

_____

Drug Allergies _____

_____

Food Allergies/Diet Restrictions _____

_____

Are immunizations up-to-date? ☐ Yes ☐ No

If no, please attach an exemption form/explanation.

Date of last tetanus booster _____

Prescription medications required at camp _____

_____

_____

_____

_____

_____

ALL prescriptions, over-the-counter medications, vitamins, and herbal products are collected and adminstered by the staff and MUST be in original containers with labels and dispensing instructions.

Campers maintain an active pace from 7 a.m. to 9 p.m. We require that camper has received a physician's exam within two years prior to attending Outdoor Odyssey camp. Any recent illnesses must be noted and camper MUST have a physician's clearance to attend.

## ■ PHYSICIAN'S MEDICAL STATEMENT

A physician signature is mandatory for all campers and the camper cannot participate without it.

I have examined _____
Camper

on _____. The camper is in good health
Date

and is physically and mentally able to participate in this program. The camper does not have any injury, illness or diability that will prohibit activity.

▶ _____
Physician Signature Date

## ■ AUTHORIZATION FOR MEDICAL TREATMENT Must be signed!

_____ has
Camper

my permission to take any over-the-counter medications as needed with the exception of _____

_____

while attending this program. I verify that you have my permission to take _____
Camper

to the nearest medical facility for emergency treatment and I assume responsibility for payment.

▶ _____
Parent/Guardina Signature (if camper is under 18) Date

The following generic medications are stocked at the camp office and dispensed at no charge as needed:
acetaminophen, ibuprofen, decongestant, antihistamine, cough suppressant, throat lozenges, motion sickness medication, anti-nausea, anti-hiarrheal, milk of magnesia, antibiotic ointment, anti-itch cream, ipecac, topical oral pain reliever.