

Health History and Examination Form for Children, Youth and Adults Attending Camp

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history must be filled out by parents/guardians of minors. An updated form is required annually.

Name _____ Birth Date _____ Age at Camp _____

School Name _____

Home Address _____

Custodial Parent/Guardian _____ Phone _____

Second Parent/Guardian or Emergency Contact _____

Phone Number: _____

If not available in an emergency, notify: _____

Relationship _____ Phone _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier/plan name _____ Group _____

Name of family physician _____ Phone _____

Parent/Guardian Authorizations: The health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to Pali Institute to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Pali Institute to arrange necessary related transportation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Pali Institute 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/staffer _____

Printed

Name _____ Date _____

I give my child _____ permission to travel under the supervision of one or more persons authorized by Pali Institute. I hereby release Pali Institute, its owners, officers, agents and employees from any and all liability. I also agree to allow my child to be used in any or all promotional photographs and videos.

Signature of parent/guardian or adult camper/staffer _____

Printed Name

Date _____

Health History

Please give the most recent date of immunization for:

Tetanus (Tdap/DTap): _____

Has/does your child have/had any of the following :

- Frequent Ear Infections Heart Defect/Disease Frequent Headaches Hypertension
Bleeding/Clotting disorders Sleepwalking Convulsions Mononucleosis
Eating Disorder Diabetes Asthma Bedwetting Orthodontic Appliance

General Medical information

Operations or serious injuries (dates/details) _____
Chronic recurring illness or medical condition _____
Dietary restrictions _____
Allergies (medication, food, others) [list reaction(s)] _____

Please explain any 'yes' answers

Medications Being Taken

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

This person takes NO medications on a routine basis

This person takes medication as follows:

Med #1 _____ Strength, Qty. & Dose Form _____
Specific times taken each day _____
Reason for taking _____

Med #2 _____ Strength, Qty. & Dose Form _____
Specific times taken each day _____
Reason for taking _____

Med #3 _____ Strength, Qty. & Dose Form _____
Specific times taken each day _____
Reason for taking _____

Attach additional pages for more medications.

Over the counter medications

The following OTC Medications are stored at camp. **Please indicate whether or not your child may be administered each OTC medication by our medically trained staff**

Acetaminophen (Tylenol)	[YES] or [NO]
Allergy Eye Drops	[YES] or [NO]
Aloe	[YES] or [NO]
Antibiotic Ointment (Bacitracin and Neosporin)	[YES] or [NO]
Antihistamine/Allergy Medication (Loratadine[Claritin]/Cetirizine[Zyrtec]/Fexofenadine[Allegra])	[YES] or [NO]
Antiseptic Wipes (Benzalkonium Chloride 0.13%)	[YES] or [NO]
Bismuth Subsalicylate (Pepto-Bismol/Kaopectate)	[YES] or [NO]
Calamine Lotion	[YES] or [NO]
Cough and Cold Medicine (Dextromethorphan[robitussin dm]/Guaifenesin[Mucinex]/Phenylephrine[Sudafed PE])	[YES] or [NO]

Cough Drops (Generic or Cepacol)	[YES] or [NO]
Diarrhea Control (Loperamide-Imodium)	[YES] or [NO]
Diphenhydramine Antihistamine/Allergy Medicine (Benadryl)	[YES] or [NO]
Hydrocortizone Cream	[YES] or [NO]
Ibuprofen (Advil and Motrin)	[YES] or [NO]
Laxatives for Constipation (Milk of Magnesia/Natural CALM magnesium supplement/Miralax)	[YES] or [NO]
Motion Sickness (Dramamine/Bonine)	[YES] or [NO]
Orajel	[YES] or [NO]
Phenol (Chloroseptic Spray)	[YES] or [NO]
Sleep Aids (Natural CALM/Melatonin)	[YES] or [NO]
Sting Relief	[YES] or [NO]
Tampons	[YES] or [NO]
Upset Stomach (Tums/Emetrol/Pepto-Bismol/Gas Relief [Simethicone])	[YES] or [NO]
Vics Vapor Rub	[YES] or [NO]
Vitamin C (Emergen-C)	[YES] or [NO]
Zinc	[YES] or [NO]
Zinc Oxide (Butt Paste)	[YES] or [NO]

I _____ hereby give permission for Pali Institute to administer the following over-the-counter medications if the nurse deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Signed _____ Date _____

Pali Institute Release

Child's name: _____ I have enrolled the afore-named child or children ('Child') in the program ('Program'). I understand the Child's participation in the Program involves exposure to inherent risks that cannot be eliminated. I also understand that the Child's participation in the Program may require the use of a ropes course and other Institute activities which have the potential risk of injury.

"Individually and as the parent or guardian of the Child, I HEREBY EXPRESSLY ASSUME ALL RISKS associated with the Child's participation in the Program including all risks associated with ropes courses and other Institute activities."

"Despite my understanding of the foregoing risks, I, individually and as the parent or legal guardian of the Child, AGREE NOT TO SUE AND TO RELEASE FROM LIABILITY AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS PALI MOUNTAIN INSTITUTE, and their representatives, owners, employees and agents for any damage or injury arising out of the Child's participation in the Program regardless of the cause, including NEGLIGENCE."

"I understand that the foregoing is a LIABILITY RELEASE and a MEDICAL AUTHORIZATION that is legally binding on me, the Child, our heirs and our legal representatives and I sign it of my own free will. I acknowledge that the foregoing is binding during the 2011-2012 school season."

Signature of Parent/Legal Guardian _____ Date _____