

Camper Last Name _____ Camper First Name _____
 Date of Birth ____/____/____

HEALTH HISTORY

Name of Camper's Physician _____ Office Telephone (____) _____
 Name of Camper's Dentist _____ Office Telephone (____) _____
 Name of Camper's Orthodontist _____ Office Telephone (____) _____

ALLERGIES – List all known.

Medication Allergies _____ Reaction and Treatment _____

 Food Allergies _____ Reaction and Treatment _____

 Other Allergies _____ Reaction and Treatment _____
 inc. plant, _____
 animal, etc. _____

***MEDICATION (Please put ALL medication in a large ziplock bag with each medication marked with dosage and camper's name.)**
 Please list ALL prescription medication, over-the-counter and non-prescription drugs taken routinely. Fill in the blanks completely. Bring enough medication to last all week. Empty bottles will be returned to your camper. **ALL DRUGS MUST REMAIN IN THE ORIGINAL CONTAINER. ALL PRESCRIPTION MEDICATIONS MUST BE IN A PHARMACY LABELED CONTAINER WITH THE CAMPER'S NAME ON IT. All medications (prescriptions and over-the-counter) must be turned in at check-in.**

_____ This Camper does NOT take any medications on a regular basis.
 _____ This Camper takes routine medication as follows:

Medication 1 _____	Medication 3 _____
Reason _____	Reason _____
Dose taken _____	Dose taken _____
When taken each day _____	When taken each day _____
Medication 2 _____	Medication 4 _____
Reason _____	Reason _____
Dose taken _____	Dose taken _____
When taken each day _____	When taken each day _____

CHRONIC CONCERNS

Check ALL that pertain to your camper and provide information about supportive health care:
 _____ This camper has NO long-term health concerns and is capable of full participation in the camp program at Redeemed Ranch Camp.
 _____ This camper has the following health concern(s): (Please provide information about supportive health care needed for each checked item.)

- _____ Asthma (even if inhaler is only used occasionally) _____
- _____ Frequent ear infections _____
- _____ Migraine headaches _____
- _____ Enuresis (bed-wetting) _____
- _____ Depression, ADD, ADHD, Oppositional Behavior Disorder _____
- _____ Anorexia, Bulimia (Eating Disorders) _____
- _____ Diabetes _____
- _____ Any other chronic illness such as Crohn's Disease, Anemias, Seizures, Tourett's, etc. _____
- _____ Fainting (for any reason) _____
- _____ Sleepwalking _____

Please use this space to list or explain any additional information about which Redeemed Ranch Camp should be aware:

- 1) any restrictions on camp activities 2) the camper's behavior and physical, emotional, or mental health

IMMUNIZATION HISTORY

Has your camper been out of the USA in the last 9 months? ____ Yes ____ No If yes, where? _____

_____ Yes _____ No This camper has had chicken pox or varicella vaccination.
 _____ Yes _____ No This camper has had mononucleosis in the past 12 months.
 _____ Yes _____ No This camper has a history of illness, injury, surgery of has been hospitalized in the last year that will affect participation in camp activities. If YES, please explain: _____

_____ Date of last Tetanus shot