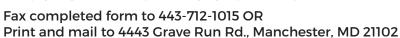
## **Health Information Form**





Camper's Last Name	First Name	Middle Initial
Grade Completed ( as of June)	Birth Date	Gender
Street Address		
City	State	Zip Code
Home Phone #	Cell/Work Phone #	
Email Address	Roommate Request (cho	oose <u>one</u> )
Parent/Guardian Full Name	Spouse's Name	
Person Authorized to Pick-Up Camper	Relation to Camper	
MEDICAL HISTORY (Please mark Contacts/Glasses  MEDICAL HISTORY (Please mark Contacts/Glasses)  Mard of Hearing/Deaf  Recent Head, Back, or Neck injury  Seizure Disorder  Asthma  Existing Heart Conditions  Diabetes  Diarrhea, Constipation, or GI issues  Skin Conditions  Joint Problems (recent or chronic)	<ul> <li>Previous Hospitalizations or S</li> <li>Chronic or Recurring Illness (</li> <li>Emotional, Social, Learning, G</li> <li>(ADHD, Anxiety, Depression</li> </ul>	Surgeries (not previously listed) or other Mental Health Concerns .) nnia, night terrors, bed wetting)
<ul> <li>Allergies (non life-threatening environs)</li> <li>Severe or life-threatening FOOD allers</li> <li>Other Severe or life-threatening allers</li> <li>Please list the allergen and describes</li> </ul>	gies*	

\*You must fill out an Epinephrine auto-injector form if needed. If your child requires food substitutions for what is on the menu, you must contact the Food Services Director at least 2 weeks before the camp session to place an order for menu options: chef@rivervalleyranch.com

Will your child bring sunso	creen to car	np with then	n? Brand:	□ YES □ NO
I authorize RVR staff to assist my child in applying sunscreen if needed.				
If my child's sunscreen is u	ınavailable,	I authorize t	he use of sunscreer	at RVR. 🗆 <b>YES</b> 🗆 <b>NO</b>
RVR's camp practitioner. A	any medicat ase mark an	ions NOT list	ed below require a	ed basis per standing orders from uthorization from the participant ou <b>DO NOT</b> authorize RVR staff to
Tylenol (Acetaminopher	n)	¤ Cough Dr	op/Throat Lozenge	¤ Antiseptic Spray
Advil (Ibuprofen)	,	¤ Antacid (7	ums or Pepto-Bism	nal) 🏻 🕱 Burn Gel with Lidocaine
Aleve (Naproxen Sodium)		¤ Anti-Diarrheal		¤ Caladryl (anti-itch)
Benadryl (Diphenhydra)	-	¤ Simethico	ne (anti-gas)	¤ Calamine Lotion
	•	¤ Allergy Ey		¤ Chloraseptic Throat Spra
Phenylephrine (decong	•		(Anbesol/Orajel)	¤ Hydrocortisone Cream
Cough Suppressant/Exp	-	¤ Antibiotic	` ,	¤ Hydrogen Peroxide
~ cough supplessant, Exp	occiorant	¤ Anti-Fung	jal Cream	¤ Topical Muscle Rub
_	¤ Stood is currently Medical Autho Dose: Dose: Dose: Dose:	ol-softener (C y taking any r rization form, sig Rout Rout Rout	e: Frequence: Frequence: Frequence: Frequence: Frequence: Frequence: Frequence	masacort) maga Multivitamin maga Lactaid  see) during camp. Please list below  load at rivervalleyranch.com/camp-forms,  sy: Reason: sy: Reason: sy: Reason: sy: Reason:
 Name	Relation		Cell Phone	Other Phone
	Relation		Cell Phone	Other Phone
Name	Relation		Cell Phone	Other Phone
IMMUNIZATIONS				
Is camper a US resident?	U YES	□ <b>NO*</b> im		ntside the US must have a copy of their apleted in or translated into English. nch.com/camp-forms/
<b>Is participant exempt fron</b> List all immunization exem			se of parent/guardi	an objection or medical reasons?
3/10/1				

## **PHYSICIAN & INSURANCE INFORMATION**

Does participant have a Prima	ry Care Provider/Prhysician:	
	ne of the last physician or facility the participant was seen by, number:	
PCP/Physician Name	Phone #	
Name of Insurance Provider _		
Claims Address		
Claims Phone #		
Policy Holder	Policy Holder's DOB	
Policy #	Group #	
MEDICAL RELEASE S	TATEMENT (please read & sign)	
This health history is correct and con trips out of camp.	nplete as far as I know. The completed health information form may be printed/ photocopie	d foi
to myself or my child, and/or anyone RVR, its officers, staff, agents, emplo fees and/or damages arising out of a attendance at RVR. The minor child hotherwise noted on the health informunderstand that a minor with specific	employees, trustees and volunteers will not be liable for any injury, death, damage and/or local claiming on my or my child's behalf, and I further agree to hold harmless, indemnify and degrees, trustees and volunteers for and from any and all liability, claims, losses, injuries, expening injury, illness or death to myself or my child or property damage during my or my child's serein has permission to engage in all camp activities as described on the activities waiver unation form. While RVR has safety protocols in place to manage allergen related issues, I callergies or intolerances has a role and responsibility in the avoidance of the known allerge allergies or intolerances, to ask questions, read labels, or abstain from the substance in questions.	efend ses, nless
PCP. I also give permission for RVR to on the health form, and as directed be including ordering x-rays or routine t transportation for my child. In the ev	to provide basic first aid, and administer prescribed medications as authorized by my child administer camp stocked over-the-counter medications on an "as needed" basis, as indically the camp practitioner. I give permission to RVR to seek emergency medical treatment ests. In the event of an emergency, I give permission to the camp to arrange necessary related ent I cannot be reached in an emergency, I hereby give permission to the practitioner selecter treatment, including hospitalization, for my child.	ted
know basis. This includes the camp of disclosure is for the necessary staff to necessary for insurance purposes. The Medication Authorization Form and I necessary treatment while attending necessary. This authorization is valid	als to share health information and health history with the other staff members on a need to irector, program directors, and counselors that have the minor in their care. The purpose of the prepared in advance for any medical emergencies. I agree to the release of any records the health information that may be disclosed will be from the Health Information Form, mmunization Records. I authorize release of medical information to RVR's camp practitione camp. I also authorize the release of medical information from my child's PCP office to RVR for the summer of 2019. I understand that I may revoke this authorization at any time by drawal of my consent. I also understand that this information is released to aid in the treatment.	this r, for t if

Parent/Guardian Signature \_\_\_\_\_\_ Date \_\_\_\_\_