

Health Information Form

Fax completed form to 443-712-1015 OR
Print and mail to 4443 Grave Run Rd., Manchester, MD 21102



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

Parent/Guardian Full Name *Spouse's Name*

MEDICAL HISTORY (Please mark all of the following that apply to this camper)

- | | |
|---|---|
| <input type="checkbox"/> Contacts/Glasses | <input type="checkbox"/> Joint Problems (recent or chronic) |
| <input type="checkbox"/> Hard of Hearing/Deaf | <input type="checkbox"/> Previous Hospitalizations or Surgeries |
| <input type="checkbox"/> Recent Head, Back, or Neck injury | <input type="checkbox"/> Chronic or Recurring Illness (not previously listed) |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Activity Restrictions |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other Concerns not previously listed |
| <input type="checkbox"/> Existing Heart Conditions | <input type="checkbox"/> Camper takes medication |
| <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Diarrhea, Constipation, or GI issues | <i>If 'Yes' to any of the above, please explain:</i> |
| <input type="checkbox"/> Skin Conditions | _____ |

Will your child bring sunscreen to camp with them? Brand: _____ YES NO

I authorize RVR staff to assist my child in applying sunscreen if needed. YES NO

If my child's sunscreen is unavailable, I authorize the use of sunscreen at RVR. YES NO

Any Medication Allergies? Any YES NO If yes, severe or life-threatening? YES NO

Food Allergies? YES NO If yes, severe or life-threatening? YES NO

Any Environmental Allergies? YES NO If yes, severe or life-threatening? YES NO

Please list the allergen(s) and describe the allergic reaction:

*If your camper carries or needs an Epi-pen, please complete the Epinephrine auto-injector form. A dietary request form will be sent two weeks before arrival; fill it out if your camper has food allergies or restrictions. For additional concerns, contact our Food Service Director chef@rivervalleyranch.com

SOCIAL & OTHER CONCERNS To help us better support your child at camp, please complete the MESH questions below (Mental, Emotional, and Social Health) Your insights will allow us to provide the best care and ensure a positive experience for your child.

- Depression? YES NO
- Anxiety? YES NO
- Self-harm/Suicidal Tendencies? YES NO
- Issues related to sleep? (insomnia, night terrors, bed wetting, sleep walking...) YES NO
- Recent life events staff should be aware of? (death in family, trauma...) YES NO
- Other concerns not listed? (ADHD, ASD, ODD...) YES NO

If 'Yes' to any of the above, please explain any known triggers, coping or support methods:

The medications below may be given as needed per the RVR camp practitioner's orders. All other medications **NOT** listed require authorization from the child's PCP. Please check any medications you DO NOT authorize RVR staff to administer to your child.

- | | | |
|--|---|--|
| <input type="checkbox"/> Tylenol (Acetaminophen) | <input type="checkbox"/> Cough Drop/Throat Lozenge | <input type="checkbox"/> Antiseptic Spray |
| <input type="checkbox"/> Advil (Ibuprofen) | <input type="checkbox"/> Antacid (Tums or Pepto-Bismal) | <input type="checkbox"/> Burn Gel with Lidocaine |
| <input type="checkbox"/> Aleve (Naproxen Sodium) | <input type="checkbox"/> Anti-Diarrheal | <input type="checkbox"/> Caladryl (anti-itch) |
| <input type="checkbox"/> Benadryl (Diphenhydramine) | <input type="checkbox"/> Simethicone (anti-gas) | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Sudafed (Pseudoephedrine) | <input type="checkbox"/> Allergy Eye Drops | <input type="checkbox"/> Chloraseptic Throat Spray |
| <input type="checkbox"/> Phenylephrine (decongestant) | <input type="checkbox"/> Analgesic (Anbesol/Orajel) | <input type="checkbox"/> Hydrocortisone Cream |
| <input type="checkbox"/> Cough Suppressant/Expectorant | <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Hydrogen Peroxide |
| | <input type="checkbox"/> Anti-Fungal Cream | <input type="checkbox"/> Topical Muscle Rub |

If any of the following medications are taken on a regular bases, BRING to camp in original packaging:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cetirizine (Zyrtec) | <input type="checkbox"/> Levocetirizine dihydrochloride (Xyzal) | <input type="checkbox"/> Melatonin |
| <input type="checkbox"/> Loratidine (Claritin) | <input type="checkbox"/> OTC allergy nasal sprays (Flonase/Nasacort) | <input type="checkbox"/> Multivitamin |
| <input type="checkbox"/> Fexofenadine (Allegra) | <input type="checkbox"/> Stool-softener (Colace/Miralax) | <input type="checkbox"/> Lactaid |

Please indicate if your child is currently taking any medication (or will be) during camp. Please list below:

(NOTE: Must be accompanied by Medical Authorization form, **signed by physician**. Download at rivervalleyranch.com/camp-forms)

Medication: _____ Dose: _____ Route: _____ Frequency: _____ Reason: _____

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I understand that if my child needs a controlled substance at camp, a **current Medication Authorization Form signed by a doctor must be on file with RVR before camp begins**. If not provided at check-in, only enough medication for the time it takes to obtain the signed form will be accepted by RVR, and no further doses will be administered until the form is received. I will be responsible for returning to RVR with the required medication and signed doctor's order for the rest of the week.

EMERGENCY CONTACTS (provide 3 emergency contacts)

_____ <i>Name</i>	_____ <i>Relation</i>	_____ <i>Cell Phone</i>	_____ <i>Other Phone</i>
_____ <i>Name</i>	_____ <i>Relation</i>	_____ <i>Cell Phone</i>	_____ <i>Other Phone</i>
_____ <i>Name</i>	_____ <i>Relation</i>	_____ <i>Cell Phone</i>	_____ <i>Other Phone</i>

IMMUNIZATIONS

**Campers coming from outside the US must have a copy of their immunization record, completed in or translated into English. Download at rivervalleyranch.com/camp-forms/*

Is camper a US resident? YES NO*

Is participant exempt from immunizations because of parent/guardian objection or medical reasons? YES NO

If yes, fill out the immunization record form available at rivervalleyranch.com/camp-forms.

What was the month/year of the camper's last tetanus shot? _____

Vaccinated for COVID-19? YES NO If yes, date of vaccination: _____

PHYSICIAN & INSURANCE INFORMATION

Does participant have a Primary Care Provider/Physician? YES NO

If 'NO', provide the name of the last physician or facility the participant was seen by, along with the phone number: _____

PCP/Physician Name _____ Phone # _____

Name of Insurance Provider _____

Claims Address _____

Claims Phone # _____

Policy Holder _____ Policy Holder's DOB _____

Policy # _____ Group # _____

MEDICAL RELEASE STATEMENT (please read & sign)

This health history is correct and complete as far as I know. The completed health information form may be printed/ photocopied for trips out of camp.

I agree that RVR, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to myself or my child, and/or anyone claiming on my or my child's behalf, and I further agree to hold harmless, indemnify and defend RVR, its officers, staff, agents, employees, trustees and volunteers for and from any and all liability, claims, losses, injuries, expenses, fees and/or damages arising out of any injury, illness or death to myself or my child or property damage during my or my child's attendance at RVR. The minor child herein has permission to engage in all camp activities as described on the activities waiver unless otherwise noted on the health information form. While RVR has safety protocols in place to manage allergen related issues, I understand that a minor with specific allergies or intolerances has a role and responsibility in the avoidance of the known allergen. I agree to educate my child, who has allergies or intolerances, to ask questions, read labels, or abstain from the substance in question when in doubt.

I hereby give permission to the camp to provide basic first aid, and administer prescribed medications as authorized by my child's PCP. I also give permission for RVR to administer camp stocked over-the-counter medications on an "as needed" basis, as indicated on the health form, and as directed by the camp practitioner. I give permission to RVR to seek emergency medical treatment including ordering x-rays or routine tests. In the event of an emergency, I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the practitioner selected by the camp to secure and administer treatment, including hospitalization, for my child.

I hereby authorize RVR's health officials to share health information and health history with the other staff members on a need to know basis. This includes the camp director, program directors, and counselors that have the minor in their care. The purpose of this disclosure is for the necessary staff to be prepared in advance for any medical emergencies. I agree to the release of any records necessary for insurance purposes. The health information that may be disclosed will be from the Health Information Form, Medication Authorization Form and Immunization Records. I authorize release of medical information to RVR's camp practitioner, for necessary treatment while attending camp. I also authorize the release of medical information from my child's PCP office to RVR if necessary. This authorization is valid for the summer of the year signed and dated below. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I also understand that this information is released to aid in the treatment and care of my child.

Parent/Guardian Signature _____ Date _____