

**CAMP ONOMIA**  
**HEALTH FORM AND PERMISSION TO PARTICIPATE**  
(RESIDENTIAL CAMPER, NOT TO BE USED FOR DAY CAMP PROGRAMS)

Please complete the following health form and **BRING it with you to camp**. A complete health history **IS** necessary, and campers **MUST** have a **signed** and **completed** health form to attend camp. A physical is required **ONLY** if there are any health problems, activity limitations, or if the camper is under doctor's care while attending camp. If the camper is required to have a physical for camp attendance, and has had one within the last 12 months, then a photocopy of the signed physical may be attached to this form.

Camper Name: \_\_\_\_\_  
Last First Middle Initial

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade completed (by this summer): \_\_\_\_\_

**Parent Contact Information:** We will call you if an emergency should arise requiring professional medical treatment or if we have questions about your child. Please provide contact information for others who know your child and with whom we may consult if you are not available. We will assume you have spoken with these individuals and they are willing to assist if needed.

**Primary Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

**Alternative Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

**Health History:** Camp Onomia uses this information to 1) Provide health care with an informed background about your child; 2) Educate counseling staff about their respective camper needs; 3) Brief kitchen staff about dietary needs.

**Allergies:** Check those which apply to your camper:

- My camper has no known allergies.
- My camper has an allergy to the following: \_\_\_\_\_

**Medication:** All medications **MUST** be in the original pharmacy containers and labeled appropriately. Campers **MUST** turn in all medications, vitamins and over-the-counter drugs to the Health Care Person upon arrival. For the safety of your child and other campers self-medicating is not allowed. **Any and all medications must be turned into Camp Onomia Health staff unless used for emergency purposes** (Example; EpiPen or emergency inhaler)

- This camper **does not take** any medication and they **are not bringing** any medications with them.
- This camper takes routine medication and I, the parent/guardian, will fill out the appropriate sheet for medication administration and instructions to be turned in to Camp Onomia staff upon arrival to Camp Onomia.

**Do we have your permission to administer the following, to your child, as needed, per instructions on packaging?** Benadryl, Antacid, Ibuprofen, Acetaminophen, Milk of Magnesia, Cold Medicine, Antihistamines, Sunblock, Bug Spray, Anti-Itch Cream?

**Initial next to your answer - NO** \_\_\_\_\_ **YES** \_\_\_\_\_ Any exceptions: \_\_\_\_\_

**Dietary Modifications:** We can work effectively with medically prescribed diets if notified 2 weeks prior to camper's arrival; however we cannot cater to individual food preferences. Please call if you have a question about diet. (Examples; lactose free, allergic to tree nuts, etc.)

- My camper does not require any dietary modifications.
- My camper has a dietary modification of: \_\_\_\_\_

**Chronic Health Concerns:** Please provide information that would aid in providing supportive health care and a supportive environment to your camper. (Examples; bedwetting, homesickness, asthma, frequent bathroom use, previously injured knee etc.)

- My camper has no chronic concerns and is capable of full participation.
- My camper has the following chronic concern(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any suggestions that may help make your camper's week more comfortable and enjoyable (fears, anxieties, current family situations, etc.) \_\_\_\_\_  
\_\_\_\_\_

**Mental/Emotional Health Concerns:** Check "Yes" or "No" for each statement.

- My camper has an emotional health concern..... Yes  No
  - My camper has a learning disability..... Yes  No
  - My camper has been diagnosed with Attention Deficit Disorder (ADD or ADHD)..... Yes  No
  - My camper has been diagnosed with depression, panic or anxiety disorder, OCD..... Yes  No
  - My camper has been or is currently under professional care for emotional/mental concerns..... Yes  No
- Please elaborate on ways to help your camper while they are at camp: \_\_\_\_\_  
\_\_\_\_\_

**Immunization:** Please note month and year of the shots or the most recent booster or attach copy from Doctor.

|   |                           |
|---|---------------------------|
| DTP: Diphtheria, Tetanus, Pertussis _____ | Td: Tetanus Booster _____ |
| MMR: Measles, Mumps, Rubella _____        | IVP/OPV: Polio _____      |
| Typhoid _____                             | HepB: Hepatitis B _____   |
| HIB: Influenza, type B _____              | others: _____             |

**In the event that we need to seek professional medical care for your camper and the healthcare facility inquires, does your camper have Health Insurance? NO \_\_\_\_\_ YES \_\_\_\_\_**

Name of Insurance Company: \_\_\_\_\_  
Name of Insurance Policy Holder: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

*"My child has permission to participate in all aspects of the program of Camp Onomia and I agree that the camp or its personnel will not be held responsible for accidents arising from participation. I agree to pick up my child upon notice if disruptive behavior or bullying causes threats to other campers or staff. I also give permission for any pictures or video taken of my child to be used for promotional purposes." Initial here: \_\_\_\_\_*

\*The privacy of your child is very important to us. This Health Form and the information contained herein are only shared with a camper's Counselor, the Health Care Manager, the Camp Directors, and Hospital/Clinic Staff as necessary. This form will be securely stored in Camp Onomia's records for 7 years, at which time it will be destroyed.\*

**IMPORTANT:** This form must be signed for camp attendance.

Parent/Guardian Authorization for Health Care: This Health Form is complete and correct, and the person described has permission to engage in all camp activities except as noted by me and/or the examining physician. I give permission to the camp to: 1) provide ongoing health care, and 2) select medical personnel and to order X-rays or routine tests or treatment for the camper listed above. In the event that I cannot be reached in an EMERGENCY, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I understand that information about my child's health will be shared with the appropriate counseling, food service, or other Camp Onomia staff. This form may be photocopied for use out of camp.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_