

Health History Form for Day Hike Programs

COMPLETED FORM MUST accompany participant at check-in

Questions? Call Camp Natoma at 805-316-0163



**Friends of
Camp Natoma**
501(C)(3) NON-PROFIT
FEDERAL TAX ID #45-5529053



Camper Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ Male Female
Month Day Year

Parent/Guardian: _____

Preferred Phone #: (_____) _____

Health care information:

- Licensed Nurse or Doctor is on-site at Camp Natoma during all programs.
- Campers should arrive ready to participate in the program. Should your camper be unable to participate, they will be cared for by medical staff. Parents will be contacted in case of emergency.
- Campers should apply sunscreen and non-DEET insect repellent before arriving.
- OTC medications may be administered by medical staff if needed. If prescription medication is required to be administered during the camper's program, it must be provided in the original pharmacy container at check-in.

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Is this child allergic to any food or medication? Yes No

If YES, name the item and indicate the reaction. _____ Intolerance Anaphylaxis
_____ Intolerance Anaphylaxis

3. Does this child have asthma? Yes No

If YES, will your child carry a rescue inhaler during the camp session? Yes No
If YES, does your child need staff help to use that rescue inhaler? Yes No
If YES, what triggers your child's asthma? _____

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.

Name of Parent: _____ Phone: (_____) _____

5. List the medications that your camper takes on a routine basis: This camper takes no routine medication.

Med: _____ Reason for taking this: _____

Med: _____ Reason for taking this: _____

6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program (use back if more space is needed):

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____