

The following must be completed for attendance

Camper Name: _____

Date of Birth: _____

Session Start Date: _____

Mental, Emotional & Social Health

Has the camper:

- 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? Yes No
- 2. Ever had mental, emotional or social difficulties (anxiety, behavioral, depression, etc.)? Yes No
- 3. Ever had an eating disorder (anorexia, bulimia)? Yes No
- 4. During the past 12 months, seen a professional to address mental/emotional/behavioral health concerns? Yes No
- 5. Had a significant life event that continues to affect the camper's life? Yes No

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

(Please explain "Yes" answers in the space below. Help us with any strategies or accommodations which are successful and will make this experience more rewarding for your camper.)

Check box if you would like us to contact you regarding your child's Health History.

If so, please provide your phone number: _____

Health History

- 1. Ever been hospitalized? Yes No
- 2. Ever had surgery? Yes No
- 3. Have recurrent/chronic illnesses? Yes No
- 4. Had a recent infectious disease? Yes No
- 5. Had a recent injury? Yes No
- 6. Had asthma/wheezing/shortness of breath? Yes No
- 7. Have diabetes? Yes No
- 8. Had seizures? Yes No
- 9. Had headaches? Yes No
- 10. Had high blood pressure? Yes No
- 11. Wear glasses, contacts, or protective eyewear? Yes No
- 12. Had fainting or dizziness? Yes No
- 13. Passed out/had chest pain during exercise? Yes No
- 14. Had racing of your heart or skipped beats? Yes No
- 15. Had mononucleosis during the past 12 months? Yes No
- 16. Have problems with falling asleep/sleepwalking? Yes No
- 17. Have a history of bedwetting? Yes No
- 18. Ever had back/joint problems? Yes No
- 19. Have problems with diarrhea/constipation? Yes No
- 20. Have any skin problems? Yes No
- 21. Traveled outside the country in the past 9 months? Yes No
- 22. If applicable, at what age was your first menstrual period?, What was the longest time between your periods last year?

(Please explain "Yes" answers in the space below.)

What have we forgotten to ask?

Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Printed Name _____ Date _____

Signature of parent/guardian or adult camper/staffer _____