



HEALTH HISTORY FORM



Marshall University
Campus Recreation

Dates of Camp Attendance: _____, 2009

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to the camp director upon the participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Mail this form to the address below prior to the beginning of the session
Marshall University Campus Recreation
Marshall Recreation Center
1 John Marshall Drive
Huntington, WV 25755

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate the carrier or plan name _____ Group # _____

Carrier Address _____

Name of Insured _____ Relationship to participant _____

ALLERGIES (List all known)

Describe reaction and management of the reaction.

Medication Allergies (list)

Food Allergies (list)

Other allergies (list)—include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list **ALL** medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes medication** as follows: **-OR-** This person **takes no medication(s)** on a routine basis.

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

GENERAL QUESTIONS (If "yes," please explain answers below)

Has/does the participant:

	Yes	No
1. Had a recent injury, illness or infectious disease?		
2. Have a chronic or recurring illness/condition?		
3. Ever been hospitalized?		
4. Ever had surgery?		
5. Have frequent headaches?		
6. Ever had a head injury?		
7. Ever been knocked unconscious?		
8. Wear glasses, contacts or protective eyewear?		
9. Ever had frequent ear infections or have eartubes?		
10. Ever passed out during or after exercise?		
11. Ever been dizzy during or after exercise?		
12. Ever had seizures?		
13. Ever had chest pains during or after exercise?		
14. Ever had high blood pressure?		
15. Ever been diagnosed with a heart murmur?		
16. Ever had back problems?		

	Yes	No
17. Have an orthodontic appliance being brought to camp?		
18. Have skin problems (e.g., itching, rash, acne)?		
19. Have diabetes?		
20. Have asthma or other breathing disorders?		
21. Had mononucleosis in the past 12 months?		
22. Had problems with diarrhea/constipation?		
23. Ever had an eating disorder?		
24. Does the participant have Epilepsy?		
25. <i>Females:</i> Does participant have a menstrual history?		
26. Ever been treated for ADD, ADHD or Asperger's Syndrome?		
27. Ever had problems with joints (e.g., knees, ankles)?		
28. Ever had emotional difficulties for which professional help was sought?		
29. Has the participant had a routine physical examination in the past twelve months?		

Please explain any "yes" answers, noting the question number:

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Physical Activity Restrictions (e.g. what cannot be done, what adaptations or limitations are necessary)

Parent/Guardian Authorization: The health history is correct and complete as far as I know, for the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the Healthy Herd™ Youth Camp to provide health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the Healthy Herd™ Youth Camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I also understand that any and all expenses incurred by a medical emergency will be covered by myself and/or my insurance carrier, and will not be covered by the Healthy Herd™ Youth Camps nor Marshall University Campus Recreation.

Signature of parent/guardian: _____

Printed Name _____ Date _____