

2020

Camper Name: \_\_\_\_\_

Trip # \_\_\_\_\_ Session \_\_\_\_\_



# Laketrails Youth Health History

This **Health History form** is required for all Laketrails Base Camp participants. **A new form must be completed each year of participation.** The information requested is intended to help us in the event of an emergency. This information will alert us to potential problems, special needs, or accommodations that might be required. By Program Policy, all of the information is confidential and made available only to Laketrails Staff. **Please notify Laketrails Base Camp if any information changes prior to arrival at camp.**

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home address: \_\_\_\_\_  Male  Female

Parent/Guardian: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Emergency Contact Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

**Immunizations:** Date of last immunization containing Tetanus vaccine (Tdap, TD, DTP) Month/Year: \_\_\_\_\_

- I attest that all immunizations are current for school attendance.  
 Immunization records are attached.

**General Health History: To be completed by Parent/Guardian or Health Care Provider: Has/does this camper...**

	Yes	No		Yes	No
1. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	11. Had fainting or dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	12. Passed out/had chest pain during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have recurrent/chronic illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	13. Had mononucleosis during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Had a recent infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	14. If female, have problems with periods/menstruation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Had a recent injury?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have problems with falling asleep/sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
6. Had asthma/wheezing/shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back/joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have a history of bedwetting?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Had headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
10. Wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>	20. Traveled outside the country in the past 9 months?	<input type="checkbox"/>	<input type="checkbox"/>

**Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.**

**Diet and Nutrition:**

- This camper eats a regular diet.  This camper eats a vegetarian diet.  This camper is lactose intolerant.  
 This camper is gluten intolerant.  Other--**Please explain below.**

**Camp must receive completed Health History at least two weeks prior to the start of the camper's session. Before June 1st, send to P.O. Box 810, Warroad, MN 56763. After June 1st, send to P.O. Box 25, Oak Island, MN 56741. Forms may also be sent via fax (summer only) to 218-223-8284 or email at any time to info@laketrails.org.**

2020

Camper Name: \_\_\_\_\_

Trip # \_\_\_\_\_

Session \_\_\_\_\_

**Mental, Emotional, and Social Health: Has this camper...**

- 1. Ever been treated for Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD)?
- 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?
- 3. During the past 12 months, seen a professional to address mental/emotional health concerns?
- 4. Had a significant life event that continues to affect the camper's life?  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

*Please explain "Yes" answers in the space below, noting the number of the questions. You might be asked to provide more information including records from the appropriate health care professional.*

**Allergies**

- This camper has no known allergies.
  - This camper is allergic to:  Food  Medicine  The environment (insect stings, iodine, etc.)  Other
- \*Severe Anaphylaxis Plan: If the camper has a history of severe anaphylaxis, he/she is expected to bring epinephrine dose/s to camp. Two epi pens should accompany the camper at all times in remote areas.*

**Please describe below what the camper is allergic to and the reaction seen. Note date and treatment of latest reaction.**

**Medications**

- This camper takes no regular medications.
- This camper regularly takes the following medications. **Please provide information below as indicated.**

Medication	Dose (amount taken)	Frequency (how often)	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**What Have We Missed?** Is there anything else the Laketrails staff should know about this camper that would be helpful in providing a great Base Camp and wilderness experience?

**Parent/Guardian Authorization for Health Care and Acknowledgement of Risk:**

This health history is correct and accurately reflects the health status of the camper described here. This person has permission to engage in all camp activities unless otherwise noted. I authorize Laketrails Base Camp staff to give reasonable first aid and administer over-the-counter medications as necessary. I give permission to the physician selected by the camp to provide emergency treatment including, but not limited to X-rays, routine tests and treatment, and/or hospitalization if necessary. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event of an emergency, if I cannot be reached, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. It is my intention that the camp be treated as acting *in loco parentis* if the named camper is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to current privacy regulations and HIPA laws.

I understand that although Laketrails Base Camp has taken reasonable steps to provide participants with appropriate training, equipment, and skilled staff for this outdoor experience, I acknowledge that some inherent risks cannot be eliminated without destroying the unique character of the activity. Such risks include, but are not limited to those associated with canoeing, portaging, backpacking, cooking over an open fire, encountering wild animals, and other components of wilderness travel. I acknowledge and accept these risks of participation in the Laketrails Base Camp and wilderness program.

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