2027 **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?	☐	☐	11. Had fainting or dizziness?	☐	☐
2. Ever had surgery?	☐	☐	12. Passed out/had chest pain during exercise?	☐	☐
3. Have recurrent/chronic illnesses?	☐	☐	13. Had mononucleosis during the past 12 months?	☐	☐
4. Had a recent infectious disease?	☐	☐	14. If female, have problems with periods/menstruation?	☐	☐
5. Had a recent injury?	☐	☐	15. Have problems with falling asleep/sleepwalking?	☐	☐
6. Had asthma/wheezing/shortness of breath?	☐	☐	16. Ever had back/joint problems?	☐	☐
7. Have diabetes?	☐	☐	17. Have a history of bedwetting?	☐	☐
8. Had seizures?	☐	☐	18. Have problems with diarrhea/constipation?	☐	☐
9. Had headaches?	☐	☐	19. Have any skin problems?	☐	☐
10. Wear glasses or contacts?	☐	☐	20. Traveled outside the country in the past 9 months?	☐	☐

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.

*Please notify the Camp Office with dietary concerns and/or questions.
☐ This camper eats a vegetarian diet.
☐ This camper is gluten intolerant.
☐ This camper is lactose 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 7004, Duluth, MN 55807. After June 1st, send to P.O. Box 25, Oak Island, MN 56741.
Forms may also be sent via email at any time to info@laketrails.org.

2026 Camper Name: _____ Trip # _____ Session _____

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

	Yes	No
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.)	☐	☐

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: _____