

Drobots Company Camp: MD Health Form

A camper cannot participate in camp without a completed health form. Please complete, print, sign and scan this form immediately to: fly@drobotscompany.com with the subject line "Overnight Camper Health Form"

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Camper's Last Name	First Name	Nickname	Gender	Birth Date	Age at camp as of 7/20/17

Camper's Home Address (Street, City, State & Zip)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/guardian (contact at address above)	Home #	Work #	Cell #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1st Emergency contact (other than parent)	Home #	Work #	Cell #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Emergency contact (other than parent)	Home #	Work #	Cell #

<input type="text"/>	<input type="text"/>
Child's Physician	Physician's #

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric or behavioral problems of which we need to be aware of that require medication treatment or special restrictions while at camp? NO YES, Explain:

2. Are there any medications, dietary restrictions, allergies (environmentally or otherwise), or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO YES, Explain:

3. I have reviewed the camp program and activities and feel the camper can participate: without restrictions. under the following conditions:

MEDICAL INSURANCE: Do you have health insurance: YES NO Subscriber's Name _____

Insurance Company _____ Insurance Phone # _____

Policy # _____ Group # _____

SUNSCREEN AUTHORIZATION:

TIC Summer Camp has my permission to apply generic non-prescription OTC sunscreen to my child: (Blue Mountain Sunscreen, min SPF 15) YES NO

Important - This box must be complete for attendance*

Parent/Guardian Authorizations: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted. If I cannot be reached in an emergency, I give permission to the physician selected by the camp to order x-rays, tests, and treatment related to the health of my child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In case of chronic or serious conditions, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature: _____ Relationship to camper: _____ Date: _____

DROBOTS-MD Camp Health Form continued...

IMMUNIZATION INFORMATION:

For campers who reside **WITHIN** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:	2. Is this child exempt from any immunizations? <input type="checkbox"/> NO <input type="checkbox"/> YES, list them:
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3. List last Tetanus and/or Tetanus Booster (dT) or (TdaP) (REQUIRED)	Date (Mo./Yr): <input style="width:50px" type="text"/>
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- OR -

For campers who reside **OUTSIDE** the United States, a United States territory, or the District of Columbia:

1. Country in which child resides:	2. Attach Department form DHMH-896 (record of vaccination or immunity) or fill in immunizations dates below.
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IMMUNIZATIONS	Dose 1 Mo./Yr.	Dose 2 Mo./Yr.	Dose 3 Mo./Yr.	Dose 4 Mo./Yr.	Dose 5 Mo./Yr.	Most Recent Mo./Yr.
Diphtheria, Tetanus, pertussis* (Dtap) or (TdaP)						
Rotavirus						
HPV						
Tetanus Booster* (dT) or (TdaP)						
Mumps, measles, rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenzae type B (Hib)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella <input type="checkbox"/> Had chicken pox (chicken pox) Date <input style="width:50px" type="text"/>						
Meningococcal meningitis (MCV4)						
Tuberculosis (TB) test	Date: <input style="width:50px" type="text"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive				

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

Medical Contraindication:

The above child has a valid medical contraindication to being immunized at this time.

Check appropriate box, indicate vaccine(s) and reasons below. This is a <input type="checkbox"/> permanent condition <input type="checkbox"/> temporary condition until: date <input style="width:50px" type="text"/>

Signature: _____ Date: _____
Medical Provider / LHD Official

Religious Objections:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signature: _____ Date: _____

Please print two forms; one for your records, one to bring to camp with you (to hand in at check-in) and one to sign and scan to Drobots at fly@drobotscompany.com. Thank you.