

# Health History Form for Day Campers

*Return Completed Form to:*  
**Oakland Yard Athletics**  
5328 Highland Rd  
Waterford, MI 48327

*Due in Camp Office by:*  
**First Day of Camp**

**Questions?**  
Call **Nikki Benning** at  
**248-673-0100**

Camper Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month Day Year

Parent/Guardian: \_\_\_\_\_

Preferred Phone #: (\_\_\_\_\_) \_\_\_\_\_

About health care for short-term camper stays:

- At minimum, a staff member with Certification in First Aid, CPR, and AED is at camp when campers are present.
- Campers should arrive ready to participate in the program. Should your camper be unable to participate, the camp director will care for your child, and you will be contacted if needed according to the policy set forth in the Parent Handbook to Summer Camp.
- Campers should bring – and use – insect repellent (minimum 30% DEET) and sunscreen (minimum 30 SPF).
- Any medications **MUST** be turned in, in original containers, to the main office at check in time. Campers will be taken to the office at the time medication is to be administered. Campers who use Epi-Pens or inhalers for emergencies will be able to keep their medication with the lead counselor.

1. Date (month & year) of your child's most recent tetanus immunization \_\_\_\_\_
  
2. Is this child allergic to any food or medication? .....  Yes  No  
If YES, name the item and indicate the reaction. \_\_\_\_\_  Intolerance  Anaphylaxis  
\_\_\_\_\_  Intolerance  Anaphylaxis
  
3. Does this child have asthma? .....  Yes  No  
If YES, will your child carry a rescue inhaler during the camp session? .....  Yes  No  
If YES, does your child need staff help to use that rescue inhaler? .....  Yes  No  
If YES, what triggers your child's asthma? \_\_\_\_\_
  
4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.  
Name of Parent: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_
  
5. List the medications that your camper takes on a routine basis:      This camper takes no routine medication.  
a. Med: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_  
a. Med: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_
  
6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Authorization**  
This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

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