



Howell Nature Center

1005 Triangle Lake Rd. Howell, MI 48843 • Office # 517-546-0249 Fax # 517-546-1677 • www.howellnaturecenter.org

Permission Slip and Health History Form

To be completed by parent or guardian

Dates and Name of Camp Attending _____

Camper Name _____ DOB _____ Age _____ Gender _____

Home address _____
Street address _____ City _____ State _____ Zip _____

Custodial Parent/Guardian _____ Home # _____

Email Address _____

Place of work _____ Work # _____ Cell # _____

Emergency contacts _____

Name _____ Phone _____ Relationship _____
Address _____
Street address _____ City _____ State _____ Zip _____

If not available in an emergency, notify _____

Name _____ Phone _____ Relationship _____
Address _____
Street address _____ City _____ State _____ Zip _____

Insurance Information

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

Policy Holder's Name _____

Carrier or Plan Name _____ Policy # _____

Name of family physician _____ Phone _____

Address _____
Street address _____ City _____ State _____ Zip _____

Important !! This box must be complete for attendance!

Parent/Guardian Authorizations: I give permission for my child to attend the Howell Nature Center camps. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I give permission for the camp First Aid personnel to provide routine health care, administer prescribed medications, and first aid treatment on site. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child, in the event I cannot be reached in an emergency. I give permission to the physician or the aforementioned camp First Aid personnel to hospitalize secure proper and/or routine treatment and to order injection, anesthesia, x rays, or surgery for my child in the event I cannot be reached in an emergency. This completed form may be photocopied for trips out of camp. I understand that the Howell Nature Center may take certain reasonable recording of this camping event. I hereby authorize the HNC to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate HNC records, public relations, and/or advertising.

(Signature of parent or guardian) Date _____

(Signature of parent or guardian) Date _____

Diet/Nutrition: (Check one)

_____ This Camper eats a regular diet. (Has no restrictions)

_____ This Camper eats a vegetarian diet.

_____ This Camper has special dietary needs (Please describe) _____

Restrictions: (Circle any restrictions that apply)

Does not eat: Red Meat Pork Dairy Poultry Seafood Eggs Gluten Other: _____

Health History:

Allergies: List all known allergies. Describe reaction and management of the reaction.

Medication Allergies (list) _____

Food _____

Other (insect stings asthma, animal) _____

Medications Being Taken:

This Person takes NO Medications on a routine basis.

Please list all medications (including over-the-counter nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (If prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes medications as follows:

<u>Medication</u>	<u>Dosage</u>	<u>Hours given</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby give permission to administer the over-the-counter medications listed below, or their generic equivalents EXCEPT THOSE I HAVE CROSSED OUT if the Camp Health officers deem it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Tylenol	Benadryl	Cough drops	Tums	Pepto Bismol	Robitussin
Motrin	Contac	Eye drops	Aloe Cream	Caladryl lotion	Hydrocortisone cream

General Questions (Explain "yes" answers below)

Has/does the participant:		Yes	No	Yes	No
1. Had any recent injury or illness or infectious disease?.....	_____	_____	_____	9. Ever been hospitalized?.....	_____
2. Have a chronic or recurring illness/condition?.....	_____	_____	_____	10. Ever had surgery?.....	_____
3. Have frequent headaches?.....	_____	_____	_____	11. Ever had a head injury?.....	_____
4. Ever been knocked unconscious?.....	_____	_____	_____	12. Wear glasses, contacts or protective eye wear?.....	_____
5. Ever have frequent ear infections?.....	_____	_____	_____	13. Ever have seizures?.....	_____
6. Ever been diagnosed with a heart murmur?.....	_____	_____	_____	14. Ever had back problems?.....	_____
7. Have any skin problems? (itching, rash, acne)?.....	_____	_____	_____	15. Have diabetes?.....	_____
8. Have asthma?.....	_____	_____	_____	16. Have a history of bed-wetting?.....	_____

Please explain any yes answers, noting the number of the questions. _____

Which of the following has the participant had?

_____ Measles _____ Chicken Pox _____ Mumps _____ German measles _____ Hepatitis A or B or C

My Child's Vaccinations are Up To Date/Current: **YES** **NO** **Please Initial** _____ **Date** _____
Parent/Guardians Initials

What have we forgotten to ask? Please use the space below (attach any extra notes) to provide us with any information that will help your camper be successful while they're at camp. This can include information pertaining to their social behavior, physical needs, or emotional habits. Do they need an aide in school, are they shy, do they need to be reminded to use the restroom, etc. Any information that may affect their participation in camp programs and potential accommodations are useful.

