



Hamilton

Dear Parent/Guardian,

Thank you for selecting the Hamilton College Youth Camps for your child's summer camp experience. This letter and enclosures pertain to required documentation regarding your child's health. Please assist our staff by reviewing and completing the Personal Information and Medical History Form, as well as the Individualized Order Form.

Personal Information and Medical History Form

- In accordance with the New York State Department of Health (NYSDOH), this form must be completed for each child attending camp, with accurate and current information to the best ability of the parent/guardian.
- Only one form needs to be completed if the child is attending multiple camps. Please indicate the camps that your child will be attending on page one of the form.
- A photocopy of your child's Record of Immunizations may be obtained from your physician and submitted in lieu of completing the immunization section of this form. Please note that the NYSDOH requires an immunization record which includes dates, not simply a note stating that the child's immunizations are up to date.

No child will be permitted to remain on campus and participate in the camp without this form being complete, which includes a current Record of Immunizations.

Medications at Camp

This section of the form must be completed by the camper's health care provider if your child:

- Needs to take any standard Over the Counter Medication "As Needed" provided by the parent/guardian, while at camp
- Needs to take any routine Prescription Medications, provided by the parent /guardian, while at camp.
- Needs to take any Medication "As Needed" provided by the parent /guardian, while at camp.
- The NYSDOH and Oneida County Department of Health require that this form be completed prior to the start of camp.
- Completion of this form grants permission to the Camp Health Director and his/her designee(s) to administer prescription and over the counter medication as directed when necessary and supplied by the parent/guardian.

Thank you for taking the time to accurately complete the Personal Information and Medical History Form, as well as the Camp Medication Form (if appropriate). Completed forms must be returned at least two weeks prior to your child's arrival at camp, and should be sent to the following address:

**Hamilton College Non-Sports Camps
Attn: Dannelle Parker
Director, Summer Programs/Conference Services
198 College Hill Road,
Clinton, NY 13323**

Hamilton College Summer Camp Health Record

Participation is prohibited without this completed form.

Name _____ Birth Date ___/___/___ Age at Camp _____ Gender: Male Female

Address _____ City _____ State _____ Zip _____

Parent/guardian _____ Home Ph. _____ Cell Ph. _____

Address _____ City _____ State _____ Zip _____
(if different from above)

Other Emergency Contact _____

Relationship _____ Home Phone _____ Cell Phone _____

Camps Attending:

- Leaders for Life High School Program (overnight)
- Leaders for Life Day Camp
- Chinese Language Day Program
- Other: _____

INSURANCE INFORMATION

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

If so, indicate carrier or plan name _____

Policy # _____ Group # _____

Name of family physician _____ Phone _____

IMMUNIZATION :

COMPLETE IMMUNIZATION RECORDS are required for camp attendance. A copy of your child's Immunization History from your pediatrician may be submitted in lieu of completing the immunization section below.

Please provide all dates of immunization for:	Date:
Td or Tdap or DTaP	_____
Tetanus	_____
MMR	_____
or Mumps	_____
or Measles	_____
or Rubella	_____
Polio	_____
Varicella (chicken pox)	_____
Haemophilus Influenza B	_____
Menactra	_____

Camper Name: _____ / _____ / _____
Last First DOB

HEALTH HISTORY

The following information must be completed by the parent/guardian of the camper. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Please keep a copy of the completed form for your records. Any changes to this form should be provided, in writing, to the Medical Director upon participant's arrival at camp.

A copy of recent physical (within the past 12 months) from your pediatrician may be submitted in lieu of completing the health history section below. School physicals are acceptable.

GENERAL QUESTIONS:

	Yes	No	Please explain "Yes" Answers below:
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Ever had frequent ear infections or loss of hearing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Ever been diagnosed with a heart murmur/disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Ever had problems with joints (e.g. knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Have any skin problems (e.g. itching rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Use an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Have an absence of a paired organ?	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. Diagnosed with an emotional disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Diagnosed with a psychiatric disease/disorder?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is there any reason why this camper's activity at camp should be restricted in any way? _____

ALLERGIES: List all known. Describe reaction and management of the reaction.

Medication allergies (list) _____

Food allergies (list) _____

Other allergies (list) please include insect stings, hay fever, asthma, animal dander, etc. _____

Camper Name: _____ / ____ / ____
Last First DOB

PLEASE NOTE:

If your child must take any medication while at camp, either prescription or over the counter, the **Medication Section BELOW** must be completed as directed. This section must be signed by a physician, and be on file for children requiring medication as part of an established routine, or on an "as needed" or emergency basis.

MEDICATIONS AT CAMP

This section must be completed and signed by the child's physician/health care provider if your child:

- Needs to take any standard Over the Counter Medications "As Needed" provided by the parent/guardian.
- Needs to take any routine Prescription Medications, provided by the parent/guardian.
- Needs to take any Medications "As Needed" or for emergencies (Epi-Pen, Inhaler, etc), provided by the parent/guardian.

Medications:

YOU MUST PROVIDE THESE MEDICATIONS IN THE ORIGINAL, LABELED CONTAINER.

They will be stored in the infirmary and/or with the Camp Health Director or designee and will be administered as needed, in accordance with the camper's written health plan (if approved by the by the camper's healthcare provider). Please complete with the camper's current regimen for both scheduled and "As Needed" medications (ie. Epi-Pen, Inhaler, etc.).

Drug Name	Dosage & Schedule	Indications (why needed)	Comments

Physician Signature: _____

Medical Treatment Authorization

In the event of an injury or illness, I give permission for my child _____ to be treated by a qualified athletics trainer, nurse or licensed EMT and/or emergency room staff at the local hospital. I also give permission for medical staff to administer any medications as indicated above. In addition, I consent to have Hamilton College or above service providers use and disclose my child's protected health information for payment, treatment and health care operations purposes. Protected health information includes medical, billing and demographic information collected and/or created by above service providers. I understand that I will be responsible for all charges for health services by off-campus providers.

Signature of Parent Guardian

Date

**IT IS ADVISED, PRIOR TO MAILING THESE FORMS
THAT YOU MAKE A COPY TO HAND CARRY TO REGISTRATION.**

NO CAMPER WILL BE ALLOWED TO STAY WITHOUT COMPLETED HEALTH FORMS ON FILE.