



****Note to parents: Please make sure that your forms are filled out entirely. Originals will be the only accepted documentation. Your child's forms must be received in the Arthritis Foundation office no later than May 1, 2015. No exceptions.**

Personal Medical History

It is important for the Camp Joint Adventures Medical Staff to know the health condition of the camper before Camp. We appreciate your time and care in completing this form. The confidentiality of your answers will be respected. **Please complete all sections clearly.**

CAMPER'S NAME _____

DATE OF BIRTH _____

Physician Contact Information

RHEUMATOLOGIST'S NAME _____

PHONE #(_____) _____

RHEUMATOLOGY OFFICE ADDRESS _____

RHEUMATOLOGY NURSE'S NAME _____

FAMILY PHYSICIAN'S NAME _____

PHONE #(_____) _____

Health Insurance

Insurance Coverage for camper accidents or illnesses while participating in programs at Camp Joint Adventures is the responsibility of the camper's family. Please include a copy (front and back) of any health insurance card(s) that you would like used in case of emergency.

HEALTH INSURANCE CARRIER _____

POLICY # _____ ID# _____

NAME OF INSURED _____

HEALTH INSURANCE CARRIER TELEPHONE # _____

Immunizations

Are immunizations up to date? YES _____ NO _____

DATE OF LAST TETANUS BOOSTER: _____

Please contact your child's doctor's office to get this information.

Health History

This section MUST be completed, even if your child is a RETURN camper

What is your child's rheumatic (arthritis) diagnosis or diagnoses?

At what age or year was he/she diagnosed? _____ Date of last flare-up? _____

What particular areas are involved in typical flare-ups? _____

What complications, if any, has your child experienced? _____

Does your child have activity restrictions? If so, please describe - this could include walking, sitting on the floor, etc. _____

Other Medical History Information

Please check any of the following illnesses if ever experienced by your child: if yes, then report the last date your child was treated for the problem and discuss in the space provided.

Seizure _____

TB _____

Diabetes _____

Gastritis _____

Migraines _____

Thyroid problems _____

Ulcers _____

Hepatitis _____

Hypertension _____

Chicken pox _____

Asthma _____

Other lung problems _____

Bleeding problems _____

Heart problems _____

Behavior problems _____

Psychiatric illness (must define below) _____

ADHD _____

Depression _____ **None** - if "none" please check this box

Other _____

Explanations: _____

If there is a behavior/psychiatric illness, how is it managed? Do you have tips on how to handle this at camp?: _____

Diet

Please describe any special diet or dietary restrictions: _____

No Diet Restrictions - if "none" please check this box

Allergies

Is your child allergic to ***anything*** (foods, insects, medication, etc)? **YES NO (circle one)**
If you answered **YES** please complete below. If you answered **NO** please skip to the "Medications" section, p. 12.

We want to ensure that your child has a wonderful, safe experience at Camp Joint Adventures.

1. Medication Allergy

- a. What medication(s) is your child allergic to?

- b. What was the reaction(s) to the medication(s)?

- c. When was the last time such a reaction happened? Date/Year

- d. How did you handle the reaction?
 - i. Just stopped the medication and did not give again
 - ii. Antihistamine or steroids? List _____
 - iii. See the doctor?
 - iv. Go to the ER? (date/year)

2. Environmental Allergy

- a. What is your child's environmental allergy to? (Please circle all that apply)
Pets Mold Dust
Pollen Bee/Wasp/Hornet Other: _____

- b. What was the reaction(s) to this substance(s)?

- c. When was the last time such a reaction happened? (Date/Year)

- d. How do you handle this allergy with the school?

- e. How did you handle this reaction?
 - i. Antihistamine or steroids? List _____
 - ii. Epi-pen?
 - iii. See the doctor?
 - iv. Go to the ER? (date/year)

3. Food Allergy

- a. What is your child’s food allergy to?

- b. What was the reaction(s) to this food(s)?

- c. When was the last time such a reaction happened? (date/year)
- d. How do you handle this allergy with the school?

- e. How did you handle this reaction?
 - i. Antihistamine or steroids? List _____
 - ii. Epi-pen?
 - iii. See the doctor?
 - iv. Go to the ER? (date/year)

4. Do you have any other concerns or questions about your child’s allergy at Camp JRA?

Please use the form below for any other allergies if needed

Allergic to what?	Medication, Environment or Food?	What was the reaction?	When was the last time the reaction happened?	If applicable, how do you handle this allergy at school?	How do you handle the reaction (medications used, restrictions, etc)?

Medications

This section MUST be completed, even if your child is a RETURN camper

Please list all your child's **medications and vitamins**, including **commonly used over-the-counter medications**. Please be exact with doses, times given and ways the medicine is given. (See example)

EXAMPLE OF MEDICATION LIST

MEDICATION/ VITAMIN (name/dose in mg or ml (cc)-See bottle label)	HOW MANY TIMES GIVEN AND HOW	WHEN (Day & Time)
<i>Methotrexate 25mg/ml</i>	<i>0.5 ml by sq shot</i>	<i>Friday 7 PM after dinner</i>
<i>Naprosyn 250 mg tabs</i>	<i>1.5 tabs by mouth</i>	<i>8 AM and 7 PM after meal</i>
<i>Albuterol Inhaler</i>	<i>2 puffs inhaled</i>	<i>4x a day before exercise</i>
<i>Tylenol 500 mg tabs</i>	<i>1 or 2 tabs by mouth</i>	<i>4x a day as needed for headaches</i>

Camper's Medication List			
MEDICATION Name; Dose in mg or ml (cc)	HOW MANY ARE GIVEN AND HOW (by mouth, IM or SQ)	WHEN Day, Time	SPECIAL PROCEDURE

****The table above should MATCH the medication list given by your child’s Rheumatologist, as well as the medications your child brings to Camp Joint Adventures. Let us know PRIOR TO CAMP if the medications have changed****

This section MUST be completed, even if your child is a RETURN camper

We may need to give an over-the-counter medication that you have not sent along to Camp. Please review the following list of medicines and mark yes if we have permission to give it to your child.

Over-the-Counter Medication	Yes	No
Acetaminophen (for pain, headaches, fever)		
Calamine (for itching, bug bites)		
Benadryl Cream or Spray (for itching, bug bites)		
Benadryl elixir or tablets (for allergic reactions)		
Sunscreen		
Eye Wash (for itching, irritation, redness)		
Tums or antacids		
Ibuprofen		
Aloe Vera		
Hydrocortisone Cream		
Antibiotic ointment		

PARENT OR GUARDIAN MEDICAL AUTHORIZATION

The information supplied on each of the forms provided to the Arthritis Foundation, Heartland Region, Camp Joint Adventures is correct to the best of my knowledge, and my by my signature I give permission for the Camper identified below to participate and engage in all prescribed camping activities, except those noted by the examining physician and myself. In the event a medical issues arises, my child will be directed to the onsite medical staff person, who will contact me to discuss next steps.

Camper’s Full Name: _____

Signature of Parent or Guardian: _____

Parent or Guardian Printed Name: _____

Date: _____

A witness signature is required.

Witness Name: _____ Witness Signature: _____

Date: _____

Authorization to Consent to
Hospital Medical Treatment for Minor Child

I, (we) _____ and _____ of _____
name name city

_____ County, _____, do hereby state that I am (we are)
county state

the natural parent(s) or legal guardian(s) having legal custody of
_____, a minor, age _____, born _____ / _____ / _____
child's first & last name

who resides with me (us) at _____
address

I (we) authorize the physicians of the Emergency Department along with appointed consultants to perform all diagnostic studies including the administration of anesthesia, blood transfusions, all medical and/or dental treatment including immunization against disease and emergency surgical intervention which might be deemed necessary or advisable for the best interest of the Camper.

Dated this _____ day of _____, 20_____

Allergies _____ Religion _____

Signed 1 _____ Signed 2 _____

Witness _____

Effective Date: _____ Expiration Date: 6/12/2015