

Camp Berea Health History Form

Camper Name: _____ Date of Birth: _____

Address: _____

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Alternative Contact: _____ Relationship to Camper: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Allergies:

- ☐ No known allergies.
- ☐ This camper has allergies. Please check all that apply and **list allergies** and **reactions**. If camper has inhalers or epipen or other emergency medications he/she carries, please complete the following page.
- ☐ Foods:
- ☐ Medications:
- ☐ Environment (hay fever, etc):
- ☐ Other:

Diet & Nutrition (please check all that apply):

- ☐ This camper eats a regular diet and has no food allergies or dietary restrictions.
- OR
- ☐ This camper needs the following dietary considerations (check all that apply):
- ☐ Vegetarian ☐ Lactose-free ☐ Gluten-free ☐ Other (please explain):

Medications:

- ☐ This camper will **not** be taking medications while at camp
- ☐ This camper needs the following medications. All medications **must arrive at camp in the original containers**, with clear instructions for dispensing on bottle, and be turned over to camp staff at time of registration.

Name of Medication	Dosage and Instructions
1.	
2.	
3.	
4.	
5.	

Other restrictions or important things about your camper (feel free to attach additional information):

Immunizations: Date of last **Tetanus:** _____ DTaP/TDaP: _____ MMR: _____ Polio: _____

HIB: _____ Varicella: _____ Hep A: _____ Hep B: _____ Meningitis: _____

Medical Insurance Information

This camper is covered by family medical/hospital insurance. __ Yes __ No Include a copy of insurance card, both sides.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Phone Number (_____) _____

I understand that in the case of emergency or illness, every effort will be made to contact me or the alternate contact person I have indicated. I hereby give consent for any necessary treatments to be administered to above named camper. I release and agree to indemnify Camp Berea and any of its representative from all claims, damages, actions, or cause of action arising therefrom. I agree that my child is in good health other than any condition indicated above. I grant permission for him/her to participate in all camp activities unless I have indicated otherwise on this form.

Parent/Guardian Signature: _____ Date: _____

I understand that Camp Berea may use my child's likeness in a photograph or video to promote camp but they will not release my child's full name or address without my permission. Signature: _____ Date: _____

Self-Administered Emergency Medication Form

State law requires that we have prior written approval from a camper's primary healthcare provider and parent or guardian. If your camper has an inhaler, epi pen, or other emergency medication that they carry with them, please make sure you and your healthcare provider fill out the form below. This applicable state law follows.

Primary Health Care Provider Form

As the primary health care provider for _____, during his/her time at Camp Berea, the above camper is permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and self-administer as medically necessary: (circle all that apply or list)

- A. Asthma Inhaler
- B. Epinephrine Pen
- C. Other (please list) _____

I have read the State of Maine law below and confirm that the camper has the knowledge and the skills to have readily available and safely self-administer the indicated emergency medication in camp.

Primary Healthcare Provider Signature

Date

Parent Permission Form

As parent or guardian for _____, during his/her time at Camp Berea, the above camper is permitted to have readily available (carry or possess outside of the regular supervision of the camp's health staff) and self-administer as medically necessary the above indicated medication or device.

I have read the State of Maine law below and confirm the camper has the knowledge and skills to have readily available and safely self-administer the indicated emergency medication in camp.

Parent or Guardian Signature

Date

Summary of Maine law on Self Administration of Emergency Medications

Recreational camps for children; emergency medication. A recreational camp for boys or girls must have a written policy authorizing campers to self-administer emergency medication, including, but not limited to, an asthma inhalers or epinephrine pen. The written policy must include the following requirements:

- A. A camper who self-administers emergency medication must have the prior written approval of the campers primary health care provider and the camp's parent or guardian.
- B. The camper's parent or guardian must submit written verification to the camp from the camper's primary healthcare provider, confirming that the camper has the knowledge and the skills to safely self-administer the emergency medication in camp;
- C. The camp health staff must evaluate the camper's technique to ensure proper and effective use of the emergency medication in camp; and
- D. The emergency medication must be readily available to the camper.

The full statute may be viewed at: <https://legislature.maine.gov/legis/bills/getPDF.asp?paper=SP0674&item=3&snum=129>