

Adult Day Camp Health History Form

Name: _____ Name/Date of Day Camp: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact's Name: _____ Primary Phone: _____

Health History

Health History (Please explain any specific needs or limitations):

Past Medical Treatment (if any): _____

Allergies & Dietary Restrictions (Specify allergic reactions & treatment):

Medications to be taken at camp (Prescribed or OTC—Please include epipens & inhalers):

Have you had a COVID-19 vaccine?: Yes No COVID-19 Booster?: Yes No Date of last Tetanus: _____

Are all other immunizations up to date? Yes No Please explain below:

Descriptions of any current physical or mental challenges requiring medication, treatment or special restrictions/considerations while at camp. Being aware of these needs helps us provide a safe and enjoyable experience for each individual.

Please provide any information that could be useful in relation to any of these health conditions. Also, include any activities that should be encouraged or restricted by physicians.

Authorization to permit medical treatment: By signing below, I hereby give permission to the Girl Scouts of Ohio's Heartland Council, Inc. (Girl Scouts), their employees, members, or volunteers to provide routine first aid and to supervise self-medication and to seek medical assistance on my behalf in the event that I am injured or become ill, and I am unable to indicate my wishes regarding treatment. I understand that the Girl Scouts and its members, volunteers, or employees shall not be held responsible for the cost of treatment, and in fact are authorized to bind me as the financially responsible party for my medical treatment. I hereby grant permission to physicians and other licensed health care providers and their designees to administer medical care through injury or illness evaluation, first aid care, and referral to duly licensed medical personnel when indicated. I authorize the release of all information on this form to treatment providers, and will hold the Girl Scouts in no way responsible for the release of this information to any party.

Signature: _____ Date: _____

Printed Name: _____