Health Information Form

Fax completed form to 443-712-1015 OR
Print and mail to 4443 Grave Run Rd., Manchester, MD 21102

RVR
The Adventure Starts Here

Camper's Last Name	*First Name*	Middle Initial
Grade Completed (as of June)	*Birth Date*	Gender
Street Address		
City	*State*	Zip Code
Home Phone #	*Cell/Work Phone #*	
Email Address	*Roommate Request (choose one)*	
Parent/Guardian Full Name	*Spouse's Name*	
Person Authorized to Pick-Up Camper	*Relation to Camper*	

MEDICAL HISTORY (Please mark all of the following that apply to this camper)

- ¤ Contacts/Glasses
- ¤ Hard of Hearing/Deaf
- ¤ Recent Head, Back, or Neck injury
- ¤ Seizure Disorder
- ¤ Asthma
- ¤ Existing Heart Conditions
- ¤ Diabetes
- ¤ Diarrhea, Constipation, or GI issues
- ¤ Skin Conditions
- ¤ Joint Problems (recent or chronic)
- ¤ Previous Hospitalizations or Surgeries
- ¤ Chronic or Recurring Illness (not previously listed)
- ¤ Emotional, Social, Learning, or other Mental Health Concerns (ADHD, Anxiety, Depression...)
- ¤ Issues related to sleep (insomnia, night terrors, bed wetting...)
- ¤ Activity Restrictions
- ¤ Other Concerns not previously listed

If 'Yes' to any of the above, please explain:

_____

_____

- ¤ Allergies (non life-threatening environmental, medication, food)
- ¤ Severe or life-threatening FOOD allergies*
- ¤ Other Severe or life-threatening allergies

Please list the allergen and describe the allergic reaction:

_____

_____

*You must fill out an Epinephrine auto-injector form if needed. If your child requires food substitutions for what is on the menu, you must contact the Food Services Director at least 2 weeks before the camp session to place an order for menu options: chef@rivervalleyranch.com

Will your child bring sunscreen to camp with them? Brand: _____ ☐ **YES** ☐ **NO**

I authorize RVR staff to assist my child in applying sunscreen if needed. ☐ **YES** ☐ **NO**

If my child's sunscreen is unavailable, I authorize the use of sunscreen at RVR. ☐ **YES** ☐ **NO**

The following list of medications may be administered on an as needed basis per standing orders from RVR's camp practitioner. Any medications NOT listed below require authorization from the participants primary care provider. Please mark any of the following medications you <u>DO NOT</u> authorize RVR staff to administer to your camper:

- ¤ Tylenol (Acetaminophen)
- ¤ Advil (Ibuprofen)
- ¤ Aleve (Naproxen Sodium)
- ¤ Benadryl (Diphenhydramine)
- ¤ Sudafed (Pseudoephedrine)
- ¤ Phenylephrine (decongestant)
- ¤ Cough Suppressant/Expectorant
- ¤ Cough Drop/Throat Lozenge
- ¤ Antacid (Tums or Pepto-Bismal)
- ¤ Anti-Diarrheal
- ¤ Simethicone (anti-gas)
- ¤ Allergy Eye Drops
- ¤ Analgesic (Anbesol/Orajel)
- ¤ Antibiotic Ointment
- ¤ Anti-Fungal Cream
- ¤ Antiseptic Spray
- ¤ Burn Gel with Lidocaine
- ¤ Caladryl (anti-itch)
- ¤ Calamine Lotion
- ¤ Chloraseptic Throat Spray
- ¤ Hydrocortisone Cream
- ¤ Hydrogen Peroxide
- ¤ Topical Muscle Rub

If any of the following medications are taken on a regular bases, BRING to camp in original packaging:

- ¤ Cetirizine (Zyrtec)
- ¤ Loratidine (Claritin)
- ¤ Fexofenadine (Allegra)
- ¤ Levocetirizine dihydrochloride (Xyxal)
- ¤ OTC allergy nasal sprays (Flonase/Nasacort)
- ¤ Stool-softener (Colace/Miralax)
- ¤ Melatonin
- ¤ Multivitamin
- ¤ Lactaid

Please indicate if your child is currently taking any medication (or will be) during camp. Please list below:
(NOTE: Must be accompanied by Medical Authorization form, signed by physician. Download at rivervalleyranch.com/camp-forms)

Medication:_____ **Dose:** _____ **Route:** _____ **Frequency:** _____ **Reason:** _____
Medication:_____ **Dose:** _____ **Route:** _____ **Frequency:** _____ **Reason:** _____
Medication:_____ **Dose:** _____ **Route:** _____ **Frequency:** _____ **Reason:** _____
Medication:_____ **Dose:** _____ **Route:** _____ **Frequency:** _____ **Reason:** _____

EMERGENCY CONTACTS (provide 3 emergency contacts)

Name	*Relation*	*Cell Phone*	*Other Phone*
Name	*Relation*	*Cell Phone*	*Other Phone*
Name	*Relation*	*Cell Phone*	*Other Phone*

IMMUNIZATIONS

Is camper a US resident? ☐ **YES** ☐ **NO***

**Campers coming from outside the US must have a copy of their immunization record, completed in or translated into English. Download at rivervalleyranch.com/camp-forms/*

Is participant exempt from immunizations because of parent/guardian objection or medical reasons?
List all immunization exemptions: _____

What was the month/year of the camper's last tetanus shot? _____

PHYSICIAN & INSURANCE INFORMATION

Does participant have a Primary Care Provider/Physician? ☐ **YES** ☐ **NO**

If 'NO', provide the name of the last physician or facility the participant was seen by, along with the phone number: _____

PCP/Physician Name _____ Phone # _____

Name of Insurance Provider _____

Claims Address _____

Claims Phone # _____

Policy Holder _____ Policy Holder's DOB _____

Policy # _____ Group # _____

MEDICAL RELEASE STATEMENT (please read & sign)

This health history is correct and complete as far as I know. The completed health information form may be printed/ photocopied for trips out of camp.

I agree that RVR, its agents, officers, employees, trustees and volunteers will not be liable for any injury, death, damage and/or loss to myself or my child, and/or anyone claiming on my or my child's behalf, and I further agree to hold harmless, indemnify and defend RVR, its officers, staff, agents, employees, trustees and volunteers for and from any and all liability, claims, losses, injuries, expenses, fees and/or damages arising out of any injury, illness or death to myself or my child or property damage during my or my child's attendance at RVR. The minor child herein has permission to engage in all camp activities as described on the activities waiver unless otherwise noted on the health information form. While RVR has safety protocols in place to manage allergen related issues, I understand that a minor with specific allergies or intolerances has a role and responsibility in the avoidance of the known allergen. I agree to educate my child, who has allergies or intolerances, to ask questions, read labels, or abstain from the substance in question when in doubt.

I hereby give permission to the camp to provide basic first aid, and administer prescribed medications as authorized by my child's PCP. I also give permission for RVR to administer camp stocked over-the-counter medications on an "as needed" basis, as indicated on the health form, and as directed by the camp practitioner. I give permission to RVR to seek emergency medical treatment including ordering x-rays or routine tests. In the event of an emergency, 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 hereby give permission to the practitioner selected by the camp to secure and administer treatment, including hospitalization, for my child.

I hereby authorize RVR's health officials to share health information and health history with the other staff members on a need to know basis. This includes the camp director, program directors, and counselors that have the minor in their care. The purpose of this disclosure is for the necessary staff to be prepared in advance for any medical emergencies. I agree to the release of any records necessary for insurance purposes. The health information that may be disclosed will be from the Health Information Form, Medication Authorization Form and Immunization Records. I authorize release of medical information to RVR's camp practitioner, for necessary treatment while attending camp. I also authorize the release of medical information from my child's PCP office to RVR if necessary. This authorization is valid for the summer of the year signed and dated below. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I also understand that this information is released to aid in the treatment and care of my child.

Parent/Guardian Signature _____ Date _____