



Camper Name \_\_\_\_\_

# UWSP Camp Medical History Form

Health Plan/Policy # \_\_\_\_\_

### My Child Has These Health Conditions:

- Asthma
- Diabetes
- Epilepsy
- Any dizziness, light-headedness or fainting associated with exercise within the past year
- Any unexplained, rapid or irregular heart beat within the past year, or heart condition
- A physician has denied or restricted participation in sports due to a health issue
- My child has NO health issues or conditions**

### Allergies (check & list specifics):

- Insect stings \_\_\_\_\_
- Foods \_\_\_\_\_
- Medications \_\_\_\_\_
- Other \_\_\_\_\_
- My child has no allergies to any of the above

### Do any allergies require an EPIPEN Injection?

- No     Yes

Date of last Tetanus booster : \_\_\_\_\_

Description of any limitation or restriction of camp activities and/or current treatment for health condition:

Any special physical or emotional conditions that we need to be aware of regarding your child's participation in this camp (include circumstances when physician should be notified)? \_\_\_\_\_

**Medications camper will be taking at camp (common over the counter medications are available at camp, no need to bring these) OR, check here if your child takes no medications.**

Name of Medication	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

- Does the camper experience any side effects from their medication(s)?  
\_\_\_\_\_
- List any special instructions or additional information regarding the medication that would be helpful to the Health Care staff:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* FOR CAMP USE ONLY – TO BE COMPLETED BY HEALTH CARE STAFF AT CHECK-IN \*\*\***

- Are there any changes in your child's health status since the medical forms were sent in?     No     Yes
- Has your child, or anyone in your family been sick or exposed to any communicable disease in the past month?     No     Yes
- Does your child now have any rashes or open sores?     No     Yes
- Are there any changes in your dependent's medications? (If Yes, Staff make changes . & sign)     No     Yes
- Does your child have any recent injury or activity restrictions?     No     Yes
- Will the custodial parent(s) or guardian be available at the numbers listed on this form during the camping session?     No     Yes  
If NO, list the name & phone number of person(s) authorized to make decisions on their behalf if different than the emergency contact listed on the reverse side of this form:  
\_\_\_\_\_

**Information provided by:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Date:** \_\_\_\_\_