



# LEADERSHIP QUEST HEALTH FORM 2012

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Circle: M / F  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Who to contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

### Health History:

**(Check any that apply):**

**When or how often?**

**Immunizations (circle Yes or No):**

- \_\_\_\_\_ Frequent ear infections \_\_\_\_\_
- \_\_\_\_\_ Heart disease/defect \_\_\_\_\_
- \_\_\_\_\_ Seizures \_\_\_\_\_
- \_\_\_\_\_ Diabetes \_\_\_\_\_
- \_\_\_\_\_ Bleeding/clotting disorders \_\_\_\_\_
- \_\_\_\_\_ Hypertension \_\_\_\_\_
- \_\_\_\_\_ Psychiatric treatment \_\_\_\_\_
- \_\_\_\_\_ Asthma \_\_\_\_\_
- \_\_\_\_\_ Sleep Walking \_\_\_\_\_
- \_\_\_\_\_ Athlete's Foot \_\_\_\_\_
- \_\_\_\_\_ Mononucleosis \_\_\_\_\_
- \_\_\_\_\_ Chicken Pox \_\_\_\_\_
- \_\_\_\_\_ Measles \_\_\_\_\_
- \_\_\_\_\_ German Measles \_\_\_\_\_
- \_\_\_\_\_ Mumps \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

- DPT (series of 3) Yes No
- Polio Immune Yes No
- MMR (Measles, Mumps, Rubella) Yes No
- Date of last Tetanus Booster \_\_\_\_\_

### Allergies (check any that apply):

- \_\_\_\_\_ Hay fever
- \_\_\_\_\_ Insect stings
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Aspirin
- \_\_\_\_\_ Food: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

Fears/Anxieties: \_\_\_\_\_  
 \_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_

*All medications MUST be in original container.*

Other Health History: \_\_\_\_\_  
 \_\_\_\_\_

### Authorization for Treatment:

I understand that in case of medical emergency, every effort will be made to contact parents or guardians. If someone cannot be reached, I hereby give permission to the physician selected by Wilderness North to administer prescribed treatment, including hospitalization, for the camper named above. I also give permission for the camper to receive Tylenol or Advil (Ibuprofen) upon request for minor pain at the discretion of the director.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/guardian or camper if 18 years of age or older)

Signature of Minor \_\_\_\_\_ Date \_\_\_\_\_

**Please bring to camp. Do not mail, email or fax in advance.**

\_\_\_ Yes \_\_\_ No I understand that pictures and/or video may be taken of my child while he/she is at camp and give my permission for them to be used for publicity purposes.