

**CAMPER PHYSICAL FORM
CAMP PAHA**

Name _____ Birth Date _____ Age at camp _____
Last First Middle

Home address _____ Gender: Male Female
Street Address City State Zip

Primary parent/guardian _____ Home Phone _____ E-mail# _____
 Home address _____ Cell # _____

(If different from above) Street Address City State Zip
 Employer Name _____ Work # _____
Street Address City State Zip

2nd parent/guardian _____ Home Phone _____ Pager # _____
 Address _____ Cell # _____

Street Address City State Zip
 Employer Name _____ Work # _____
Street Address City State Zip

If not available in an emergency, please notify:
 Name _____ Relationship _____
 Address _____ Home Phone _____
Street Address City State Zip

Insurance Information

Is the participant covered by private medical/hospital insurance? ____ Yes ____ No Medicaid# _____

If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____ Relationship _____

Insurance ID number _____

IMPORTANT - THIS BOX MUST BE COMPLETE FOR ATTENDANCE

***PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:**

* If for religious reasons you cannot sign this, contact the camp for a legal waiver that must be signed for attendance

I hereby give permission and authorize the City of Lakewood and medical personnel selected by the camp director to manage the care of the person named above. To provide, manage or arrange necessary medication supplied to them as prescribed by a physician, dentist, or other person(s) licensed in the State of Colorado to prescribe or order medication, X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child in an emergency.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

I agree that I am responsible for the provision of all medications (except Tylenol) with appropriate instructions and medication authorization forms. I understand that the City of Lakewood personnel are not responsible for the effects of any prescribed medications when properly administered. I agree that prescription medications supplied by me will be in the original pharmacy container which is properly labeled, current, and unaltered since prepared by the pharmacist. The information on this form is part of the camper acceptance process and is gathered to assist in providing appropriate care. The information will be held in strict confidence. It may be copied for field trips outside of camp.

Signature of parent/guardian/adult camper _____ Date _____

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of minor/adult camper _____ Date _____

Health History

The parent/guardian or adult camper must fill in the following information. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant’s arrival in camp. Provide complete information so that the camp can be aware of your needs.

Name of Family Physician _____ Phone _____
Address _____
Name of Family Dentist/Orthodontist _____ Phone _____
Address _____
Name of hospital to transport to in case of emergency: _____
Hospital Address _____ Phone _____

ALLERGIES List all known. Describe reaction and management of the reaction

Medication allergies (list)(e.g. penicillin, antibiotics, aspirin etc.)

Food allergies (list)(e.g. peanuts, eggs, chocolate, etc.)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medications, the dosage, and the frequency of administration.

This camper takes NO Medications on a regular basis
This camper takes medications as follows:

Medication	Dosage	Route	Time	With or Without Food

Please attach additional pages for more medications if necessary. Please attach medication authorization forms for each medication to be administered at camp.

Please identify any medication taken during the school year that the camper will not be taking during the summer _____

My child may have Tylenol or Tylenol substitute? Yes No

RESTRICTIONS - The following restrictions apply to this individual.

Dietary

Does not eat red meat Does not eat pork Does not eat eggs Does not eat poultry
Does not eat seafood Does not eat dairy products Does not eat corn Does not eat sweets
Gluten Free Sugar Free

Explain any restrictions for activity (e.g. what cannot be done, what adaptations or limitations are necessary)

HEALTH HISTORY Cont.

Which of the following has the participant had?

Measles Chicken Pox German measles Mumps Varicella Zoster

My Child has: Convulsions Bleeding/Clotting Disorders HIV Carrier Hepatitis B Carrier

If your child has Down Syndrome, has he/she had a neck x-ray to detect Atlanoazial dislocation? Yes No

General Questions (Explain "yes" answers below.) Has/does the camper:

	Yes	No		Yes	No
1. Had any recent injury, illness or infection			14. Ever had high blood pressure?		
2. Have a chronic or recurring illness/condition?			15. Ever been diagnosed with a heart murmur?		
3. Ever been hospitalized?			16. Ever had back problems?		
4. Ever had surgery?			17. Ever had problems with joint disease?		
5. Have frequent headaches?			18. Have an orthodontic appliance for camp?		
6. Ever had a head injury?			19. Have any skin problems (rash, acne)?		
7. Ever been knocked unconscious?			20. Have Diabetes?		
8. Wear glasses, contacts or protective eyewear?			21. Have asthma?		
9. Ever had frequent ear infections?			22. Have an abnormal menstrual history?		
10. Ever passed out during or after exercise?			23. Have an eating disorder?		
11. Ever been dizzy during or after exercise?			24. Ever had emotional difficulties for which professional help was sought?		
12. Ever had seizures?			Does child have ear tubes? Yes No Which Ear(s)? Left Right Both		
13. Ever had chest pain during or after exercise?			Other:		

Please explain any "yes" answers, noting the number of the question.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person described has permission to engage in all camp activities except as noted by the examining physician or me.

I hereby request and give my permission for the City of Lakewood's Camp Paha to administer the medications prescribed and to provide necessary treatment in an emergency.

I further agree to authorize the staff of Camp Paha to apply the sunscreen/bugspray that I supply. If the parent supplies no sunscreen/bugspray, staff will apply sunscreen/bugspray that is purchased by camp and will be billed to the parent.

Signature _____ Name printed _____ Date _____

The City of Lakewood does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the provision of services. For disabled persons needing reasonable accommodations to attend or participate in a city service or program, call 303-987-2490, or TDD (Telephone Device for the Deaf) 303-987-4862 if you have a hearing impairment, call as far in advance as possible. Alternative formats of this document are available upon request.



**RISE Above!
 Wilbur Rogers Center
 12100 W. Alameda Parkway
 Lakewood, CO 80228**

Camp Paha Field Trip Permission slip

I, _____, grant permission for my camper, _____ to participate in field trips scheduled by the staff at Camp Paha with the City of Lakewood. In addition to the scheduled field trips, counselors/staff may choose to take their groups on field trips to places as scheduled on their weekly calendar or to public parks.

City of Lakewood, Camp Paha has my permission to transport my camper in buses leased from Laidlaw Corporation and City of Lakewood Vehicles.

If you as a parent/guardian do not want your camper to participate in any of these field trips, please plan to keep your camper home that day. Please advise the camp staff of your decision. Please list any of the field trips you do not want your child to attend.

Parent(s)/Guardian(s) Signature	Date

SUNSCREEN and BUGSPRAY

I agree to provide any specialty products and inform staff of any allergies my camper may have to over the counter (OTC) products. When outside during camp and on field trips including but not limited to the pool, water parks, community outings, and parks, City of Lakewood, Camp Paha has my permission to apply the sunscreen and bug spray I have provided in my campers daypack. If no sunscreen or bug spray is provided by myself, I give permission to apply the OTC sunscreen and bug spray to my camper that the camp director has made available to staff. I understand I may be billed for this service.

Parent(s)/Guardian(s) Signature	Date