



MacDonald's Ranch Health History Form

Health history must be filled out by parents/guardians of minors or by adults themselves. Updates required annually.

Camper's Last Name _____		First Name: _____		Female	Male
Address _____		City _____	State _____	Zip _____	
Phone number _____		Date of Birth: _____	Religion (Optional) _____		
Camper's first Summer at MacDonald's Ranch? ___ Yes ___ No		How did you hear about us? _____			
Custodial parent/guardian _____		Preferred Phone number _____			

Please Read:

- Return Health History Form to: MacDonald's Ranch, 26540 N. Scottsdale Rd, Scottsdale, AZ 85255
- Keep a copy of the completed form; notify MacDonald's Ranch of any changes in writing.
- Having adequate health information about your camper is crucial to our ability to provide a supportive environment. We rely on you to tell us what we need to know about your camper.
- Our MacDonald's Ranch Camp staff has access to the information provided on this form.
- This form must be signed by a parent/guardian.
- Questions? Call MacDonald's Ranch at 480-585-0239

PLEASE REVIEW THIS IMPORTANT INFORMATION BEFORE COMPLETING THIS FORM:

- Please return this form at least two weeks before your camper comes to MacDonald's Ranch.
- Please include a photocopy of the camper's health insurance card (front and back) with this form.

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

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

Photocopy of the front and back of the camper's health insurance card must be attached to this form.

Allergies: please check **ALL** that apply **This Camper has no known allergies**

This camper is allergic to this _____ This camper is allergic to this _____ This camper is allergic to the _____
Food: _____ **Medication:** _____ **Following:** _____

Causes Anaphylaxis? Yes No Causes Anaphylaxis? Yes No Causes Anaphylaxis? Yes No

Most recent episode _____ Most recent episode: _____ Most recent episode _____

Frequency of episodes _____ Frequency of episodes: _____ Frequency of episodes _____

Describe reaction and how it is managed: Describe reaction and how it is managed: Describe reaction and how it is managed:

When We Need To Talk With You - We will certainly call in an emergency, but we'll also call if we have questions about your camper's health. If we cannot reach you, provide contact information for other people who know your camper and with whom we can consult. We assume you have spoken to these alternative contacts and they are willing to assist should the need arise.

Custodial parent/guardian: _____ Preferred phone: _____
 Address: _____ Alternate phone: _____
 Alternate contact: _____ Phone: _____ Relationship to camper: _____
 Alternate contact: _____ Phone: _____ Relationship to camper: _____



Camper's last name _____ Campers first name _____ Session _____ Year _____

Diet: please check ALL that apply

- Does not eat red meat Does not eat pork Does not eat eggs
 Does not eat poultry Does not eat seafood Does not eat/drink dairy products
 Other dietary restrictions: _____

Immunization History: Provide the month and year for each immunization. Asterisk (*) immunization must be current.

Immunization	Date: Month & Year	Immunization	Date: Month & Year
*Tetanus Booster	Within 10 years:	Influenza	
*MMR (Measles, Mumps, Rubella)		Pertussis Booster	Recommended update at 12 years:
Meningitis		Pneumococcal	
*DPT (diphtheria, tetanus, pertussis)		Hepatitis A	
*Polio		Hepatitis B	
Varicella (Chicken Pox)			

If your camper has not been immunized, please explain why and/or attach supporting documentation: _____

Medication: "Medication" is any substance a person takes to maintain and/or improve his or her health and includes any homeopathic remedies.

- This camper will not take any daily medications while attending Camp Gray.
 This camper will take the following medication while attending Camp Gray. I am bringing enough medication to last the entire session and **it is in the original container labeled by the pharmacy**, as described in the Parent Letter. Any medications or injections (except over-the-counter medications) will have to be self administered, or by a parent or guardian.

Medication or Treatment	Dose	When do you give it at home?	Reason for taking medication

Asthma

Asthma Trigger (check all that apply)	Signs/Symptoms of asthma episode	Frequency of episodes (incl. date of most recent episode)	How episode is managed
<input type="checkbox"/> exercise <input type="checkbox"/> colds <input type="checkbox"/> infections <input type="checkbox"/> emotions <input type="checkbox"/> allergies (what?) _____ <input type="checkbox"/> weather (what type?) _____ <input type="checkbox"/> other (list) _____			

Camper's Health Care Providers

Name of camper's physician: _____ Phone: _____
 Address: _____
 Name of camper's dentist: _____ Phone: _____
 Address: _____
 Name of camper's orthodontist: _____ Phone: _____
 Address: _____



Camper's last name _____ Campers first name _____ Session _____ Year _____

General History Check "True" or "False" (Explain "False" answers below)

	True	False
1. This camper has had chicken pox or has received the varicella immunization	<input type="checkbox"/>	<input type="checkbox"/>
2. This camper is free of illness, injury or physical challenges that would affect program participation	<input type="checkbox"/>	<input type="checkbox"/>
3. This camper's hearing is within normal ranges	<input type="checkbox"/>	<input type="checkbox"/>
4. This camper's sight is within normal ranges or he/she uses corrective lenses to remedy vision	<input type="checkbox"/>	<input type="checkbox"/>
5. This camper does <u>not</u> have a history of seizures	<input type="checkbox"/>	<input type="checkbox"/>
6. This camper does <u>not</u> have diabetes	<input type="checkbox"/>	<input type="checkbox"/>
7. This camper does <u>not</u> get frequent nose bleeds	<input type="checkbox"/>	<input type="checkbox"/>
8. This camper has <u>not</u> had mononucleosis (mono) during the past school year	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "False" answers, noting the number of **the** question. Use bottom of page, or attach a separate sheet, if necessary:

Mental Emotional and social health Check "yes" or "no" (explain "yes" answers below)

	Yes	No
1. This camper has been diagnosed with Attention Deficit Disorder (ADD) or AD/HD	<input type="checkbox"/>	<input type="checkbox"/>
2. This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder	<input type="checkbox"/>	<input type="checkbox"/>
3. This camper has an emotional health concern (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>
4. During the past academic year, this camper has seen, or is currently seeing, a professional to address mental/emotional concerns	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" was the answer to any of the four statements above, attach a statement from your camper's professional (e.g. psychiatrist, physician) that addresses the following three things: (A) Describe the concern and the camper's management plan (including medication) while in our program; (B) Describe the behaviors that will indicate to our staff that your camper needs professional referral; and (C) Provides a recommendation for the camper's participation at MacDonalds Ranch Camp.		
5. This camper has had a significant life event that continues to affect the camper's life	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," please provide written information about the event (death of a loved one, family change, Adoption ,new sibling, survived a disaster), its impact upon your camper's life, and care tips for the camper's counselor's		

Please explain any "yes" answers noting the number of the question. Use bottom of page, or attach a separate sheet, if necessary.

What have we forgotten to ask? Please tell us of any other health or social concerns associated with your camper.



Camper's last name _____ Campers first name _____ Session _____ Year _____

Over-the-counter Medications I (parent/guardian) hereby give permission to MacDonald's Ranch to administer to my child all of the following over-the-counter medications ***except those I have crossed out***, if the MacDonald's Ranch staff deems it necessary. Dosages will be administered according to directions on the bottle, unless a physician directs otherwise. Any other medications or injection (except over-the-counter medications) will have to be self administered, or by a parent or guardian.

*Acetaminophen such as <i>Tylenol</i>	*Pseudoefedrine
*Imodium A-D	*Ibuprofen
*Topical antibiotic ointment	*Antiseptic first aid spray with benzocaine such as <i>Solarcaine</i>
*Midol	*Throat lozenges
*Chewable calcium antacid such as <i>TUMS</i>	*Diphenhydramine such as <i>Benadryl</i>
*Zinc/ferric oxide lotion such as <i>Calamine</i>	*Clotrimazole cream such as <i>Lotrimin</i>
*Hydrocortisone cream	

Signature of parent/guardian _____
 Printed Name _____ Date _____

Healthcare Notification Policy Our staff will make an effort to contact you by phone, using the phone numbers provided on your child's health form, if your child receives any injury what needs medical attention. Because of timing and scheduling conflicts, we cannot promise that we will be successful in reaching you. Please make sure that we know how to reach you during your child's stay.

Please check one of the following, and sign below:

I understand and agree to the "Healthcare Notification Policy" enumerated above:
 OR

I wish to be notified before the camp staff administers any medical care to my child

Signature of parent/guardian _____
 Printed Name _____ Date _____

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to MacDonald's Ranch to provide for me/my child routine health care (including over-the-counter medications as authorized on the MacDonald's Ranch Health History Form. I agree that any medications provided by parent or guardian (except over-the-counter medications) will have to be self administered, or by a parent or guardian. If my child has any health issues requiring injections, like epinephrine injections etc. and my child is not able to self administer, I will be staying during the camp sessions and assist my child. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary transportation for me/my child.

I hereby grant my permission to MacDonald's Ranch Camp staff, as "personal representative" of my child while enrolled at camp, to receive any records or results of medical treatment given to me/my child while enrolled at MacDonald's Ranch Camp.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trip out of camp.

Signature of parent/guardian or adult camper: _____
 Printed Name _____ Date: _____

Date/Time	Screening Record	Screened by
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SCREENING has been conducted per camp protocol and significant findings noted

A. Any signs/symptoms of illness or injury upon arrival?	<input type="checkbox"/> No	<input type="checkbox"/> Yes as noted below
B. Any recent exposure to communicable disease (incl. cold, flu, chicken pox, whooping cough)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes as noted below
C. Any additions, corrections or clarifications to information on health history?	<input type="checkbox"/> No	<input type="checkbox"/> Yes as noted below
D. Did you bring any medication to camp (incl. OTC meds like <i>Tylenol</i> , <i>TUMS</i> , vitamins, etc.)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes as noted below
E. Any signs/symptoms of head lice?	<input type="checkbox"/> No	<input type="checkbox"/> Yes as noted below
