



Medical History:

Due to the nature of Kids Across America Kamps, the following kampers are ineligible to attend: those who are pregnant, have Sickle Cell Disease or Hemophilia. We will handle other questionable kampers on a case by case basis. Failure to explain any illness indicated below may affect your child's eligibility to attend KAA.

Does your child have any of the following?

Heart Disease or Problems (If so please name the condition ) \_\_\_\_\_  Yes  No

Diabetes—Date of Diagnosis \_\_\_\_\_ (If yes, you must sign diabetic policy) \_\_\_\_\_  Yes  No

Convulsions or Seizures (give date of last seizure and type) \_\_\_\_\_  Yes  No

Any diagnosis resulting in developmental delays: (Please attach an explanation.) \_\_\_\_\_  Yes  No

Active Blood Disorder ( HIV, Cancer; Please attach an explanation.) \_\_\_\_\_  Yes  No

Asthma (Give date of diagnosis and last ER visit or hospitalization) \_\_\_\_\_  Yes  No

Incontinence (Chronic bed wetter) If using medication please list on the front. \_\_\_\_\_  Yes  No

Injury or illness requiring active use of a shunt (If so please attach an explanation.) — \_\_\_\_\_  Yes  No

Please list any surgical procedures performed within 6 months of your child's attendance to kamp which may hinder his/her performance: \_\_\_\_\_

If you answered YES to any of the above, please list specific details. Also explain any other illnesses, surgeries, or injuries requiring an ER visit or hospitalization. Include date of illness/injury and any treatment required: \_\_\_\_\_

Year of last tetanus shot? \_\_\_\_\_ Name/phone of primary physician? \_\_\_\_\_

MEDICATIONS WHILE AT KAMP

Please make sure you have listed all medications that your child will bring to kamp. All medications must be in the pharmacy labeled bottle with the correct Kamper's name on it. Inhalers should be in a pharmacy labeled box. Sample medications should be accompanied by a written order from the physician. If a child is Diabetic, he/she must bring enough insulin for the kamp session. A written doctor's prescription must be with the insulin. The child must be able to take blood sugar counts and give insulin on his/her own. **DO NOT SEND UNLABELED MEDICINE IN ZIP LOCK BAGS! DO NOT SEND MEDICINE FOR OTHER PERSONS! PLEASE SEND ENOUGH FOR THE ENTIRE KAMP SESSION!**

**PARENT/GUARDIAN AUTHORIZATION:** This health history is correct to my knowledge, and the kamper listed has permission to engage in all prescribed kamp activities. I hereby give my permission to the physician selected by the Kamp Director to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Kamp Director to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child as named above. I also give permission for the kamp nurse to administer medication to my child as needed. In the event that my child needs treatment at an outside medical facility, I give permission to release medical records to KAA for any further treatment and observation at kamp.

I understand the Director reserves the right to dismiss any camper (at the group's own expense) whose influence and conduct becomes in any way detrimental to the best interests of the other members of the kamp. I expressly covenant and agree not to sue Kids Across America Kamps, their agents, officers, directors, board members, or employees for any injuries or damage of any kind that may occur as a result of this camping experience. I realize that Kids Across America reserves the right to use pictures and /or video taken at kamp for future promotional purposes.

\*\*\*PLEASE ATTACH A COPY OF YOUR CHILD'S PROOF OF HEALTH INSURANCE TO THIS FORM\*\*\*

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