



CONFIDENTIAL HEALTH FORM
FOR LYON COLLEGE SUMMER CAMPS

This form is essential for your camper's safety and enjoyment of camp activities. Please note that camp activities will take place both indoors and outdoors in varying weather conditions and may involve activities such as running, swimming, jumping, and climbing. Please take the time to fill this out completely and accurately. Thank you.

CAMPER NAME: _____ Sex: M F Date of birth: _____

ADDRESS: _____

Street

City

State

Zip

IN CASE OF EMERGENCY, NOTIFY: _____

RELATIONSHIP TO CAMPER: _____ PHONE: (____) _____

FAMILY DOCTOR: _____ PHONE: (____) _____

HEALTH INSURANCE COMPANY: _____

POLICY #: _____ TODAY'S DATE: _____

MEDICAL HISTORY

LIST ALLERGIES (please include allergies to food, medications, latex, insects, penicillin, clothing, etc.):

IF YOUR CAMPER HAS ALLERGIES, PLEASE DESCRIBE THE ALLERGIC REACTION AND HOW IT IS TREATED (please include medications taken):

DOES YOUR CAMPER HAVE A HISTORY OF (check if "Yes"):

ADHA (Attention-Deficit Hyperactivity Disorder) _____

Raynaud's Syndrome _____

Frostbite _____

Hypothermia _____

Poor Circulation _____

Abnormal Blood Pressure _____

Convulsions/ Seizures _____

Diabetes _____

Dizziness _____

Migraines _____

Eyestrain _____

Other _____

Asthma: Cold Induced _____

Exercise Induced _____

Controlled with an inhaler? _____

Back Problems _____

Knee/Joint Problems _____

Toothaches _____

Stomach Problems _____

Bronchitis _____

Periods of Unconsciousness _____

Past Surgery _____

Arthritis _____

IF "YES" TO ANY OF THE ABOVE, HAS THE CAMPER BEEN TREATED? EXPLAIN.

IS THE CAMPER STILL ON MEDICATION FOR ANY CONDITION LISTED ABOVE? EXPLAIN.

LIST MEDICATIONS TO BE TAKEN AT CAMP: LIST WHEN TAKEN, HOW OFTEN, AND WHO MAY ADMINISTER THE MEDICATIONS:

DOES YOUR CAMPER HAVE ANY SIGHT OR HEARING ISSUES? EXPLAIN.

ARE THERE ANY PHYSICAL OR BEHAVIORAL CONDITIONS THAT MAY AFFECT OR LIMIT YOUR CAMPER'S FULL PARTICIPATION IN CAMP ACTIVITIES? EXPLAIN.

CAMPER'S DATE OF LAST TETANUS: _____

I have read and understand this form's contents completely and have answered the above questions accurately.

I believe that my son/daughter is in good physical condition and that he/she can participate fully in camp activities.

The staff of Lyon College has my authorization to review and retain this form as protected health information for the purposes of the above program. The staff at Lyon College has permission to seek and/or administer emergency care for my son/daughter in the event a parent/legal guardian cannot respond at the time of emergency and has my authorization to provide this form to health care personnel for the purposes of the participant's emergency treatment in that event. I understand that Lyon College is not responsible for any charges for such health care services provided to my child.

I understand that I have the right to revoke, in writing, this authorization at any time; however, this authorization will automatically expire at the end of the above program. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my child's protected health information have acted in reliance upon this authorization. Further, I understand that, if my child's protected health information is disclosed to someone who is not required to comply with the federal privacy protection regulations, then such information may be redisclosed and would no longer be protected.

DATE: _____ SIGNATURE OF PARENT/LEGAL GUARDIAN: _____