

KITSAP 4-H CAMP – CAMPER & ADULT HEALTH CERTIFICATE – 2023

TO BE COMPLETED BY PARENT/GUARDIAN/SELF (IF AN ADULT)

(This form to stay with nurse during camp session)

Name of Camper: _____ Birthdate: _____

Address: _____ Phone: _____

Parent or Guardian: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Best Contact, Name: _____ Best Phone #: _____

Emergency Contact, Name: _____ Phone Number: _____

Emergency Contact Relation to Camper: _____ Gender: _____

IMPORTANT: *Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.*

Name of Dentist/Orthodontist _____ Phone: _____

Name of Family Physician: _____ Phone: _____

Immunization History (Must abide by Washington State School Immunization requirements)

Immunizations	Date of Basic Immunization	Date of Last Booster
DPT/Tetanus		
Polio		
MMR (Measles, Mumps, Rubella)		
Covid-19 (not required for campers, if no dates given, will treat as unvaccinated)	1 st 2 nd	1 st 2 nd

Any specific emotional, physical, or behavioral conditions; please complete form on last page.

Operations or serious injuries (dates): _____

Chronic or recurring illness: _____

Other diseases or details above: _____

Special diet (please circle): Vegetarian Gluten Free Allergy Religious Other (please explain) _____

Current Medications: _____

The camp nurse will secure and administer all medications at camp.

Is parent sending it? Yes _____ No _____ If prescription medication is being sent it must be in its prescription bottle with the name of the recipient printed on the label with the dosage instructions & cannot be expired.

Health History

NOTE: If you answer yes to any of the items, please explain	Yes	No
Does your child have any contagious skin disease?		
Any allergies to bee stings, medication, other?		
Does your child have a hernia, rupture or recurring disease such as rheumatic fever?		
Any chronic conditions: asthma, epilepsy, other?		
Frequent ear infections?		
Hay fever?		
Heart Defect/Disease		
Diabetes		
Bleeding/Clotting Disorder		

Explanation if yes to any of above _____

***** If you want your child to receive any of the following medication from the nurse, based on the nurse's discretion or keep medication with them, (inhaler, Epi kit, etc.) you must provide non-expired medication and written doctor's orders indicating such.***

PERMISSION FOR NURSE TO GIVE	Yes	No
Tylenol (Acetaminophen)		
Ibuprofen (Anti-Inflammatory)		
Antihistamines (Benadryl)		
Decongestant (Sudafed)		
Cough Drops		
Benadryl Cream, Hydrocortisone 1% for Bee Stings and Rashes		

Confidential area:

Physical Condition: _____

Emotional or Behavioral Condition: _____

Kitsap 4-H Youth Camp provides limited insurance coverage up to \$10,000 for accidents and up to \$5,000 for illness incurred while attending camp. It is the responsibility of every camper's parent or legal guardian to provide for the campers' own accident and health coverage beyond the limits of the camp coverage.

IMPORTANT – MUST BE COMPLETED AND SIGNED FOR ATTENDANCE

PARENTS/GUARDIANS AUTHORIZATION/ This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities as note by me and examing provider.

I hereby give permission to the medical staff selected by the camp director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the medical staff selected by the camp director to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp.

Signature: _____ Date: _____

WSU Extension programs are available to all without discrimination. Evidence of noncompliance may be reported through the Kitsap County Extension Office, 360-337-7157 ext 7162 or elisabeth.nilsson@wsu.edu. Reasonable accommodations will be made for persons with disabilities and special needs who contact the Kitsap County Extension Office at least two weeks prior to the event.