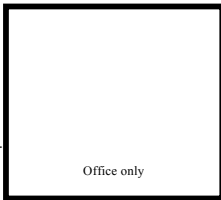


# IDC - Health History Form 2019

To be completed by Parent or Guardian only



## PART 1

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

List 2 emergency contacts that will be available during camp time with name, phone number and relationship to Camper:

Do you have Family Medical/ Hospital Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Carrier Phone Number: ( ) \_\_\_\_\_ Policy Holders Name: \_\_\_\_\_

Doctor(s) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is Camper currently taking non-prescription medication? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, have Physician complete the back of the Physical Exam form

Is Camper currently taking prescribed medication on a routine basis? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Physician complete the back of the Physical Exam form

*Camp Policy regarding Medication, read carefully.*

<u>Prescription Medications</u> <u>Must have</u>	<u>Non-Prescription Medications</u> <u>Must have</u>	<u>Labeling</u>
<ul style="list-style-type: none"><li>Complete Name of Patient</li><li>Date prescription filled</li><li>Expiration Date</li><li>Name and address of dispensing pharmacy</li><li>Name or physician prescribing medication</li><li>Directions for use/precautions (if any) storage (if any)</li></ul>	<ul style="list-style-type: none"><li>Complete name of patient</li><li>Authorization and instructions of use (from Parent or Physician)</li></ul> <p>Please Note: If Camper's medication needs should change, before camp attendance and after all health forms submitted, a Physician's note is required.</p>	Medications must be checked for the following: Medications must be in their original containers All medications must be labeled correctly

1. Upon arrival at camp, Campers must provide ALL medications (prescription and non-prescription) to the Nurse at the time of camp admission screening.
2. All medications must be labeled as previously indicated. They are to be presented in a plastic zip lock bag with Campers name and age.
3. Loose, unlabelled medications will not be accepted.
4. Do not mix different medications in the same bottle.
5. All medications (prescription and non-prescription) must have an expiration date.
6. Times of administration of (prescription and non-prescription) medications will be arranged with the Camper by Camp Nurse. It is the responsibility of the Camper to report, on time, for their medications.
7. Campers may not have any medications (prescription and non-prescription) in their possession unless previously agreed/arranged by Camp Nurse.

**NY & CA State Law:** All Medications must be in original bottle and labeled with the correct order as given by the Doctor. All medication must be clearly marked with camper's name, age, and name of medication, dosage and frequency. No loose medication is accepted. No mixing of different medications in the same bottle is accepted and there must be a current date on the prescription bottle. All Campers must be screened by Health administration upon entering Camp.

## PART 2

**List any allergies:** Please Note! Certain allergies may affect Campers registration acceptance. Contact Director with allergy questions.

Medications Food Dust Plants Insects Hay Fever Other: \_\_\_\_\_

Please be specific in describing what reaction your child has to each allergy: \_\_\_\_\_

List most recent allergic reaction with date and description: \_\_\_\_\_

### Special Diets:

Menu is designed with Campers in mind. Campers are encouraged to comply with menu. Is Camper on a special diet. (i.e. vegetarian, diabetic, lactose free, etc.)

### Social Development:

Does your child have any problems relating with others? Yes No If yes, explain.

### Campers with special needs:

Does your child have any special needs, emotional or physical, that may need attention while at Camp?

Does your child have a fear of water or any other swimming difficulties that should be noted?

**Please state if female camper has started menstruation:** Yes No If Yes, Date of last period? \_\_\_\_\_

*If cycle is expected during camp session please be sure to provide Camper with the necessary products. If Camper has not yet menstruated and it is possible, please be sure to talk with her about what to expect. This will make her feel more comfortable about the changes that may occur.*

**PART 3**

Please clarify and identify special needs while attending camp. (use separate sheet if necessary)

\_\_\_\_\_

Does Camper have any significant or recent fracture, sprain or orthopedic condition?

\_\_\_\_\_

Does camper require the use of any orthopedic device, brace or bandage? If yes, please clarify (be sure to bring devices with you to camp)

\_\_\_\_\_

Is camper able to participate in a very strenuous dance program and other active sports and camp activities?

Update Prescription Medications:

Complete the following according to camper's current regimen. Use separate sheet if necessary

DRUG NAME	DOSE/ROUTE	INTERVAL	REASON

**Participant Release & Waiver/Authorization for Treatment**

**Liability Release.** For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I (signed below) as parent or legal guardian of above named camper, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Irish Dance Camp (hereinafter "Camp") to be conducted by Thomondgate Productions, Inc. d/b/a Irish Dance Summer Camp. I, in my own behalf and on behalf of the Minor, further agree to release and hold harmless Thomondgate Productions and Camp and their respective attorneys, officers, employees, directors, instructors, volunteers, and if applicable, owners and lessors of premises used to conduct the Camp (hereinafter collectively referred to as "Releasees") from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the Camp, including any claim arising out of or connected with any activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages on any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand. I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

**Medical Release.** I acknowledge and agree, in my own behalf and on behalf of the Minor, that such participation subjects Minor to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Camp. I hereby give permission to the Medical Personnel selected by the Thomondgate Productions to order x-rays, routine tests, treatment and necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the Physician selected by the Thomondgate Productions to secure and administer treatment, including hospitalization, for my child as named above. I hereby hold the Directors, Staff and Volunteers, and if applicable, owners and lessors of premises used to conduct the Camp (all of which are hereinafter referred to as "Releasees") harmless in the exercise of any such authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Camp and while traveling to and from the site for the Camp whether on not the Camp actually occurs.

**Health and Wellness Committee must evaluate campers Health History prior to final acceptance**

I certify to the best of my knowledge that all the information submitted by me is true and correct. I have read the above policy, and Participant Release & Waiver/Authorization for Treatment and agree to follow the guidelines outlined.

The person herein described has permission to engage in all prescribed camp activities except where noted.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Make sure that the following has been included in this form....

- Health History is signed and dated
- Medication Policy has been read
- Former Camper medications and injuries have been updated
- Physical Form filled out by Physician
- Physical Form signed by Physician and dated
- PRN section on back of Physical Form is filled out properly
- Physician has allowed Camper to participate in an active Camp program
- Forms can be emailed, mailed or faxed by June 1<sup>st</sup>, 2019**

**Thomondgate Productions, INC.**  
 132 Muscadine Road  
 Sunset, LA 70584