



HEALTH INFORMATION FORM

To be completed by Parent or Guardian

NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and custodial parent signatures.

SCHOOL NAME: _____ **DATES AT CAMP:** _____

Please print all information and ensure that it can be read by others

CAMPER INFORMATION				
Last Name:	First Name:	M.I.	Date of Birth:	Grade:
Gender (circle one) Male / Female	Home Street Address: City, State, Zip:	Home Phone:		
Parent/Guardian Name Printed:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:		
Relationship to Camper:		Cell Phone:		
Email address:		Work Phone:		
Parent/Guardian Name Printed:	Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:		
Relationship to Camper:		Cell Phone:		
Email address:		Work Phone:		
List an Emergency Contact Printed: (friend or relative who can/will care for your child if you cannot be contacted)		Home Phone:		
Relationship to Camper:		Cell Phone:		
		Work Phone:		
Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp) <input type="checkbox"/> Not Insured				
Company: _____ Policy Number: _____				
HEALTH HISTORY				
Camper's Primary Care Physician:		Office Telephone Number:		
		Office Fax Number:		
Health History (check if applicable & explain)		Allergies (check if applicable & explain)		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes (a NorthBay diabetic order form must be completed) <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Bleeding/Clotting disorder _____ <input type="checkbox"/> Seizures Type: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Psychological issues _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger Management <input type="checkbox"/> Mood disorder <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Recent illness/injury/infectious disease _____ <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery <input type="checkbox"/> Other not listed _____ <input type="checkbox"/> Date of Last Tetanus Shot: _____ <input type="checkbox"/> Takes medication every day (A medication form/s needs to be completed for all medications to be taken while at camp)		<input type="checkbox"/> <u>Allergy</u> to Medications _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Severe Poison Ivy reaction <input type="checkbox"/> Other: Please lists _____ _____		
		Diet / Nutrition		
		<input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a vegetarian diet <input type="checkbox"/> Has special food needs (describe below) _____ _____		
Does the camper need his/her physical activity restricted <input type="checkbox"/> No <input type="checkbox"/> Yes – explain _____				
Please provide any additional information that we need to know to ensure your child's camp experience is a positive one:				



PARENT/GUARDIAN CONSENT/LIABILITY RELEASE FORM

At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Health Information Form be signed as a requirement to attend camp.

I represent that I am the parent or legal guardian of _____ (the "Camper") who desires to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). In consideration for NorthBay permitting the Camper to attend the camp and participate in the activities, I have agreed to execute this Health Information Form. I assert the information given on this Health Information Form is complete and accurate to the best of my knowledge. I also represent that the Camper has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule and that these records have been provided to the school system.

In the event I cannot be reached in an emergency when my child is under camp supervision, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for my child. If something were to happen to my child a doctor selected by the camp may treat him/her for any injury/illness.

I understand that my child will participate in outdoor and environmental education activities including but not limited to: ropes course, zip line, climbing wall, kayaking, canoeing, wading, fishing, and hiking.

AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS - In the event your child experiences minor discomforts During camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen (generic for Tylenol) | <input type="checkbox"/> Antibiotic Cream (for minor cuts/scrapes) |
| <input type="checkbox"/> Ibuprofen (generic for Advil and Motrin) | <input type="checkbox"/> Loratadine (generic for Claritin) |
| <input type="checkbox"/> Calamine Lotion (for itching) | <input type="checkbox"/> Diphenhydramine (generic for Benadryl) |
| <input type="checkbox"/> Hydrocortisone Cream (for itching) | |

- ☐ I do not want over-the-counter medications given to my child

PARENT SIGNATURE REQUIRED HERE

Signature of parent/guardian:	Date:
Persons authorized to pick up child other than parent or guardian:	
I also understand and agree to abide with the restrictions placed on my camp activities as listed above.	
Signature of minor/adult camper/staffer:	Date:
(If camper is emancipated, proof must be provided prior to camp)	

PARENT SIGNATURE REQUIRED HERE

VIDEO/PHOTO CONSENT

I represent that I am the parent or legal guardian of _____ ("Camper") who desires to attend camp and participate in activities sponsored by NorthBay, LLC. I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of the Camper, without payment or approval rights, for use in materials created solely for promoting NorthBay.	
Signature of parent/guardian:	Date: