

# LEADERSHIP QUEST HEALTH FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Who to contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

## Health History:

**(Check any that apply):**

**When or how often?**

**Immunizations (circle Yes or No):**

\_\_\_\_\_ Frequent ear infections \_\_\_\_\_  
\_\_\_\_\_ Heart disease/defect \_\_\_\_\_  
\_\_\_\_\_ Seizures \_\_\_\_\_  
\_\_\_\_\_ Diabetes \_\_\_\_\_  
\_\_\_\_\_ Bleeding/clotting disorders \_\_\_\_\_  
\_\_\_\_\_ Hypertension \_\_\_\_\_  
\_\_\_\_\_ Psychiatric treatment \_\_\_\_\_  
\_\_\_\_\_ Asthma \_\_\_\_\_  
\_\_\_\_\_ Sleep Walking \_\_\_\_\_  
\_\_\_\_\_ Athlete's Foot \_\_\_\_\_  
\_\_\_\_\_ Mononucleosis \_\_\_\_\_  
\_\_\_\_\_ Chicken Pox \_\_\_\_\_  
\_\_\_\_\_ Measles \_\_\_\_\_  
\_\_\_\_\_ German Measles \_\_\_\_\_  
\_\_\_\_\_ Mumps \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

DPT (series of 3) Yes No  
Polio Immune Yes No  
MMR (Measles, Mumps, Rubella) Yes No  
Date of last Tetanus Booster \_\_\_\_\_

**Allergies (check any that apply):**

\_\_\_\_\_ Hay fever  
\_\_\_\_\_ Insect stings  
\_\_\_\_\_ Penicillin  
\_\_\_\_\_ Aspirin  
\_\_\_\_\_ Food: \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

Fears/Anxieties: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_

*All medications MUST be in original container.*

Other Health History: \_\_\_\_\_

## Authorization for Treatment:

I understand that in case of medical emergency, every effort will be made to contact parents or guardians. If someone cannot be reached, I hereby give permission to the physician selected by Wilderness North to administer prescribed treatment, including hospitalization, for the camper named above. I also give permission for the camper to receive Tylenol or Advil (Ibuprofen) upon request for minor pain at the discretion of the director.

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

(Parent/guardian or camper if 18 years of age or older)

Signature of Minor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Yes \_\_\_ No I understand that pictures may be taken of my child while he/she is at camp and give my permission for them to be used for publicity purposes.