

Shrine Mont Camps 2018: Health Record Due by June 8th

PLEASE READ INSTRUCTIONS CAREFULLY

The following information is required to meet the physical, intellectual, and emotional needs of the camper. **No camper will be admitted to camp without this form**, and all forms **MUST BE SUBMITTED BY JUNE 8th**. A camp nurse will review your form and will call you with any questions or to discuss a treatment plan. If your camper has a behavioral, dietary or medical need that requires special considerations or accommodations beyond what is typically provided you are expected to contact Paris Ball by April 1st so that we are able to ensure we have appropriate staff and structure to keep your child safe.

A physical examination OR a physician's signature on this form is required for attendance at camp. The standard Virginia School entrance form is available on the "Forms" page of our website for your convenience but you may substitute another physical if you desire, as long as it is dated within 15 months of the starting date of camp. Please mark your camper's name/session on every page and make sure to **complete this form fully**.

Camp and Session: _____

Camper's Name: Last _____ First _____ Middle _____

Male Female Date of birth: _____

Address: _____

Parent/Guardian's Name (1): _____

Address: _____

Phone (Home or Cell): _____ Phone (Work): _____

Parent/Guardian's Name (2): _____

Address: _____

Phone (Home or Cell): _____ Phone (Work): _____

Emergency Contact: _____ Emergency Contact Phone: _____

Camper's Social Security number: _____

Family Health Insurance Co: _____ Contract #: _____

Plan Code: _____ Group #: _____ **Please attach a photocopy of Insurance Card.**

PERMISSION TO PROVIDE NECESSARY TREATMENT/EMERGENCY PLAN

- I give Shrine Mont Camps staff permission to administer prescription and over-the-counter medications to my child as prescribed by a licensed physician.
- I authorize medical personnel selected by the Director of Shrine Mont Camps to render necessary first aid and medical care to my child. In an emergency, if I am unable to be reached, I consent for Shrine Mont Camps to act on my behalf in granting permission for medical treatment including surgery. I give permission to release medical information regarding my child to Shrine Mont camps and to other health care providers or my insurance company.
- I have received a copy of the Federal HIPAA Privacy Policy for Shrine Mont Camps

Parent/Guardian signature: _____ Date: _____

I agree to abide by the rules of the camp and any restrictions placed on my camp activities and will endeavor to be a responsible and willing participant in the activities of the camp throughout the entire session.

Camper Signature: _____ Date: _____

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Camper Name: _____

Camp Session: _____

Condition	Check If Applies	Comments
Allergies (food, drugs, latex)		
Allergies, seasonal		
Asthma		
Attention Deficit		
Behavioral Issues		
Bladder Problems/Enuresis		
Bleeding/Clotting Disorder		
Constipation/Diarrhea		
Dental Problems		
Developmental Issues		
Eating Disorder		
Eczema/Skin Rashes		
Head, Neck, Spinal Injury		
Headaches/Migraines		
Hearing/Vision Problems		
Heart Problems		
Menstrual Problems		
Mental Health Issues		
Seizures		
Skeletal/Muscular Issues		
Sinus Problems		
Sleep Walking		

Date of last Tetanus Booster: _____

If you have checked yes to Attention Deficit, Behavioral Issues, Development Issues or Mental Health Issues, please explain and give ways of preventing or handling problems: _____

Operations or injuries in the past year: _____

MEDICATIONS : List all medications your child takes routinely

Name	Dosage	Frequency	Taken during camp?

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Notice of HIPPA Privacy Practices

Shrine Mont Camps and Conferences works very hard to maintain the integrity of your child's health information. In keeping with the Federal health privacy regulations (enacted April 2003), we are notifying you of the ways in which we maintain this confidentiality and handle your child's health information.

1. All treatments and medications administered to the camper while in residence are recorded on the appropriate health form by the camp nurse. These and all other health records are kept in a secure location when not in active use.
2. Access to health records is restricted to those with a need to know: camp nurses, physicians to whom the camper has been referred, the chaplains, the Shrine Mont Camp Director, and directors of the appropriate camp where the camper is in attendance.
3. Where appropriate, selected information regarding a camper's health is shared with the counselors of the appropriate camp. This is to assist the staff in interactions with the camper, and to alert them of any potential health problems which may develop. This information is NOT shared with other campers or staff from other camps. Staff and counselors are instructed to keep all information confidential.
4. When a camper is referred off-site for medical treatment, a copy of the medical release form and the health information form are sent with the adult accompanying them to the physician or emergency room. If these copies are not collected by the treating physician, they are returned to the camp nurse.
5. At the conclusion of the camp session, all health records are stored in a locked file cabinet, accessible only to the camp nurse staff and the Shrine Mont Camps Director.
6. Copies of all health treatments records may be released to the parents/guardians at their request. There is no charge for this.
7. Copies of health records are released to other parties only with the appropriate proof of legal authorization.