

Entomology Camp Health History & Authorization Form 2017



Please print clearly

Camper Name: _____ Age: ____ Birth Date: _____ Gender: ____ Cell #: _____

Parents/Legal Guardians: _____ Cell # 1: _____

Home Address: _____ Phone #: _____ Cell # 2: _____
(City, State, Zip)

Where can your parents/guardians be reached during camp, or event, if not at above address and phone numbers?

Relatives or friends authorized to act in campers behalf in case of emergency if parents/guardians cannot be reached:

Name: _____ Cell #: _____ Name: _____ Cell #: _____

Address: _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or medic to secure proper treatment for, hospitalize, order injections, anesthesia and surgery for my child named above should it be deemed necessary. The camp director has a prescription for adult and youth EpiPens for camp emergencies and they are readily available. I authorize the Camp Director, medic or other staff to administer an EpiPen injection for life threatening allergic reactions.

Parent or Legal Guardian, Date

If you have been exposed to any communicable disease within two weeks before attending an entomology camp, please explain fully in a note to the Director. You may use space on the back of this form.

Name, office and emergency phone number(s) of family physician:

Medications: _____; Depression or behavior issues (circle): Yes No

Allergies, medical conditions, disabilities and special needs:

(asthma or hay fever, ear infections, thyroid disease, Parkinson's, high blood pressure and/or heart disease, convulsions or seizures, poison ivy/oak, penicillin, sulfa, other drugs, food, etc.)

Stings hurt and often there is localized swelling. An allergic reaction to a sting refers to a life-threatening reaction (anaphylaxis) or severe swelling.

Have you ever been stung by bees, ants, wasps, etc.? _____, Which? _____

Did you have an anaphylactic reaction (difficulty breathing or swallowing, severe itching of the eyes, abdominal pain, vomiting, hives, diarrhea, etc.)? _____, What treatment was required? _____
_____ Did you go to a clinic or hospital? _____

Was an EpiPen administered? _____ Do you carry an EpiPen? _____ Do you have any known heart diseases or cardiac problems? _____ Please describe: _____

Diabetes? _____ Circle Type 1 or Type 2. Usual hypoglycemia treatment _____
Do you regularly check your blood glucose level? _____. Do you use/carry glucose tablets? _____. Circle the following answers. Do you use diabetes pills or insulin? If insulin, do you use a pump or injections (pen or syringe)?

Diabetes dietary modifications or restrictions: _____
Shell fish, peanut or other allergies? _____ Please List _____

List activities to be encouraged _____ or restricted _____

___ Non Swimmer, ___ Beginner Swimmer, ___ Experienced Swimmer

Immunization Record

Last Year Administered

DPT (diphtheria, pertussis and tetanus) _____

Chicken Pox _____

MMR (Measles, Mumps, Rubella) _____

Hepatitis A or B _____

Polio _____

Exemption to Immunizations (form required)

Flu _____

Date of most recent physical exam _____

Give dates of recent operations or serious injuries _____

Other diseases or details of above _____

Are there any other medical, behavior, etc. issues we should be aware of? _____

If you are bringing medications to the camp, or event, with you, make sure your name is on them and that the Director is advised of the directions for administration. That information should accompany this form.

ATTACH A COPY OF the front and back of current FAMILY MEDICAL INSURANCE card.

Notes:

The information on this form is correct. _____
Parent or guardian, Date Family physician (optional), Date

Dr. John Guyton Box 9775, Miss State, MS 30762
j.guyton@msstate.edu
662-325-3482

We are an equal opportunity employer and all qualified applicants will receive consideration without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.