



# CAMPER HEALTH PROFILE

## For HIGH PEAKS CAMP and LEADERSHIP CAMP

To be completed by a parent/legal guardian. Must be returned by June 1.

Return via email to: [atis@atistrail.org](mailto:atis@atistrail.org)

Or return via mail to: ATIS, PO Box 565, Keene Valley, NY 12943

\*\*PLEASE INCLUDE A COPY OF THE MOST RECENT (WITHIN ONE YEAR) PHYSICAL EXAM WHEN SUBMITTING THIS FORM. SCHOOL FORMS ARE ACCEPTABLE.\*\*

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

### VACCINATION INFORMATION

|   |  |
|---|--|
| Are all immunizations current?                      | <input type="checkbox"/> YES <input type="checkbox"/> NO      If no, please explain: |
| Date of last Tetanus shot/booster:                  |  |
| Date of last Meningococcal meningitis shot/booster: |  |
| Has your child been vaccinated for Covid-19?        | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |

### HEALTH INFORMATION

Include comments here; attach extra pages if needed.

|   |   |  |
|---|---|--|
| <b>ALLERGIES:</b> Please indicate if the camper has any known allergies including to medicines, foods, plants, bites, stings, etc. Please list allergy reactions and medications. | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
| <b>RECENT ILLNESS OR INJURY:</b> Please indicate if the camper has experienced any recent illness or injury and provide details.  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
| <b>MEDICATION:</b> Please list any prescribed medication that the camper currently takes. If medications will be discontinued during camp, please indicate that.                  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <i>Please indicate the medications that will be sent to camp:<br/>         Medication / Condition / Dosage (Amount + Frequency) / Side Effects</i> |

\*\* PLEASE SEND A DOUBLE SUPPLY OF ALL INHALERS AND OTHER PRESCRIPTION MEDICATIONS WITH YOUR CAMPER FOR THE DURATION OF CAMP. \*\*

|   |   |  |
|---|---|--|
| <p>ABILITY TO SELF-MEDICATE: If taking medications, the camper must be able to self-medicate according to the health care provider's directions. Please indicate if your camper is capable of this and add any related notes.</p>   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <p><b>**Please ATTACH a note from prescriber attesting to the camper's ability to self-medicate.**</b></p> |
| <p>MEDICATION SCHEDULE: Is there a specific time identified for the camper to administer the medications?<br/>(For example, are the medications to be taken every morning before a hike?)</p>   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <p>Please indicate what time(s) the camper is to administer each medication:</p>                           |
| <p>SPECIAL DIET: Is a special diet required for this camper? If so, please specify the diet and condition.</p>  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
| <p>HEARING, VISUAL, OR DENTAL CONDITIONS: Does this camper have any hearing, visual, or dental conditions requiring special attention?</p>  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |
| <p>OTHER: Please indicate any additional medical conditions we should know about or concerns you have about your child's health. No concerns or limitations will necessarily disqualify a child from attending camp, but it is vital that we know in advance about any potential problems. Attach extra pages if necessary.</p> |   |  |

**STATEMENT OF THE PARENT / LEGAL GUARDIAN**

The information I have provided on this form is complete and correct to the best of my knowledge. I believe my child to be physically and emotionally capable of participating in all ATIS activities, and I grant permission for this participation, except where noted. I recognize that at times High Peaks Camp / Leadership Camp operates in remote, rugged terrain under a variety of weather conditions and that in the event of an emergency medical assistance will possibly be limited and/or delayed. I attest that my child is able to self-administer the medication as specified above. I also authorize the staff of ATIS High Peaks Camp / Leadership Camp to remind my child to administer his/her medication as specified.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY AUTHORIZATION

In the event of an emergency, ATIS will make every reasonable effort to contact you. To ensure that necessary treatment is not delayed:

### I hereby grant permission to ATIS:

1. To have access to my son / daughter's medical information included on this form.
2. To select medical personnel and to order X-rays, routine tests, or treatment for the camper identified above.
3. To make relevant medical information available to medical personnel.
4. To provide first aid during ATIS sponsored activities.

I hereby grant permission to the health care provider selected by ATIS to: hospitalize, secure and administer treatment as deemed necessary, and order injections and/or anesthesia and/or surgery for the camper named above:

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

## INSURANCE

Participants in ATIS programs are responsible for their own medical expenses. We therefore ask for your insurance information in case we are required to present it to a medical provider who treats your child during an emergency.

|   |  |
|---|--|
| Does your insurance company require preauthorization? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name of your insurance company:                       |  |
| Name of your policy holder:                           |  |
| Policy #  |  |
| Group #   |  |
| Insurance Company Phone Number:                       |  |

## CONTACT INFORMATION

|  |                         |   |
|--|-------------------------|---|
| Name of Parent or Legal Guardian:                              | Local Address:          | Cell Phone:<br>Home Phone:<br>Work Phone: |
| Name of Second Parent or Legal Guardian:                       | Local Address:          | Cell Phone:<br>Home Phone:<br>Work Phone: |
| If the people above are not available in an emergency, notify: | Relationship to Camper: | Cell Phone:<br>Home Phone:<br>Work Phone: |