

Health History Form for Wargo Nature Center Nature Day Campers

Return Completed Form to

Wargo Nature Center
7701 Main St
Hugo, MN 55038

Due in Camp Office by
Two weeks prior to camp

Questions?
Call the Wargo Nature Center
at 651.429.8007

Camper Name: _____

First Name
Middle Initial
Last Name

Date of Birth: _____ Boy Girl

Month
Day
Year

Parent/Guardian: _____ Preferred Phone #: (____) _____

Address: _____

Email address: _____

About health care for nature day campers:

- At minimum, a staff member with First Aid and CPR is at camp when campers are present.
- Campers should arrive ready to participate in the program. Campers with a contagious illness will be excluded from camp until a medical exam and doctor's note indicates the child may return and the symptoms have subsided for 24 hours.
- Campers should bring – and use – insect repellent (minimum 30% DEET) and sun screen (minimum 30 SPF).
- Should your child need medication during the day, day camp staff will administer it. Please bring medications in the original container with child's name and dosage clearly and any other instructions clearly labeled. Give medications to day camp staff upon arrival at camp. Campers will not be allowed to keep any medications (with the exception of inhalers) with them.

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Is this child allergic to any food, insect or medication? Yes No

If YES, name the item and indicate the reaction. _____ Intolerance Anaphylaxis
 _____ Intolerance Anaphylaxis

3. Does this child have asthma? Yes No

If YES, will your child carry a rescue inhaler during the camp session? Yes No

If YES, does your child need staff help to use that rescue inhaler? Yes No

If YES, what triggers your child's asthma? _____

4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.

Name of Parent: _____ Phone: (____) _____

5. List the medications that your camper takes on a routine basis: This camper takes no routine medication.

a. Med: _____ Reason for taking this: _____

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6. What else should we know about your child? Please write additional information about your child's health or any behaviors/concerns that may impact your child's participation in our program: (please use back of sheet if needed)

You have my permission to use my child's picture and/or name for public relations purposes for the Wargo Nature Center/Anoka County Parks: _____ YES _____ NO

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____

