



Hawk Mountain Sanctuary
1700 Hawk Mountain Rd
Kempton, PA 19529
Phone: 610-756-6961

Health History Form

Parent/Guardian: Please complete both sides of this form and send to dawson@hawkmountain.org or mail to **Hawk Mountain Sanctuary, Summer Nature Camp, 1700 Hawk Mountain Road, Kempton PA 19529** at least two weeks before camp begins. If your child requires special care or non-oral medication (e.g. injections), please contact Hawk Mountain Sanctuary by phone at (610) 756-6961.

Camper's Name _____ Birth Date _____ Age _____ Weight _____

Address _____ City _____ State _____ Zip _____

Father/Guardian Name _____ Cell Phone _____ Work Phone _____

Mother/Guardian Name _____ Cell Phone _____ Work Phone _____

Name of other person(s) to contact in case of emergency, if you cannot be reached.

Contact's Name _____ Cell Phone _____ Work Phone _____

Contacts Name _____ Cell Phone _____ Work Phone _____

Parent/Guardian Health Insurance Company _____ Policy Number _____

NOTE TO PARENTS: All medications, except inhalers and bee sting kits that must be carried by children at all times will be locked in a central area.

All medications must be properly labeled in original container, correlated with written instructions, and placed in a Ziploc bag with camper's name on it. Notify the camp leader, in person, on the first day of camp of any medication to be distributed to your child, and hand the medication to the camp leader. **Prescription and over-the-counter medications must be in the original bottles with pharmacy labels.**

Prescription Medication: If your child is bringing medication prescribed by a physician, it must be properly labeled and in its original container. Please have your physician attach a note indicating medication order, dosage administration guidelines, and reason for medication. The medication will be dispensed by the camp leader.

(OVER)

Medical Background

Check either Yes or No. If yes, please give approximate dates, method of treatment, and/or restrictions. If your child is under the care of a Social Worker, Psychologist, Behavioral Therapist, etc. please fill in their name, phone number, and specific information concerning your child's needs.

Bleeding Disorders ___ No ___ Yes _____

Convulsions ___ No ___ Yes _____

Epilepsy ___ No ___ Yes _____

Diabetes ___ No ___ Yes _____

Abscessed Ears ___ No ___ Yes _____

Asthma ___ No ___ Yes _____

Allergy Injections ___ No ___ Yes _____

Fainting ___ No ___ Yes _____

Kidney Trouble ___ No ___ Yes _____

Other ___ No ___ Yes Please Explain _____

List allergic reactions to the following, if applicable. If yes, please note reaction.

Bee Stings ___ No ___ Yes _____

Medications ___ No ___ Yes _____

Food or Drink ___ No ___ Yes _____

Other ___ No ___ Yes _____

Any special treatment needed? ___ No ___ Yes _____

Received Tetanus booster? ___ No ___ Yes _____

Bringing medication to camp? ___ No ___ Yes **If yes, list all prescriptions & over-the-counter products below.**

Medication (Prescribed or Over-the-counter)	Dosage	Reason

If you know your child has been exposed to a contagious disease before or during camp, you must notify Hawk Mountain Sanctuary immediately.

- 1) **Permission to dispense medication:** I hereby authorize Hawk Mountain Sanctuary's Summer Nature Camp leader to dispense to my child the medication listed above.
- 2) **Permission to secure treatment:** I give permission to have my child treated by a Hawk Mountain Sanctuary authorized staff person or a physician in case of severe illness or emergency in which I cannot be reached. I understand that every effort will be made to contact me before treatment is given. Please note that most hospital emergency rooms require notarization for permission to treat a patient. To promote optimal treatment security for your child, please have this form notarized.

Parent/Guardian Signature (must sign)

Notary (optional)

Date _____

Date _____