

Stone Mountain Adventures

2015 Medical History Form Addendum

General Questions (Please explain any "yes" answers)

Has / Does the participant:

1. Had any recent injury, illness, or infectious disease? _____ Y _____ N
2. Have a chronic or recurring illness/condition? _____ Y _____ N
3. Have frequent headaches? _____ Y _____ N
4. Had a head injury? _____ Y _____ N
5. Have been knocked unconscious? _____ Y _____ N
6. Wear glasses, contacts, or protective eye wear? _____ Y _____ N
7. Ever had frequent ear infections? _____ Y _____ N
8. Ever passed out during or after exercise? _____ Y _____ N
9. Ever been dizzy during or after exercise? _____ Y _____ N
10. Ever had seizures? _____ Y _____ N
11. Ever had chest pain during or after exercise? _____ Y _____ N
12. Ever had high blood pressure? _____ Y _____ N
13. Ever been diagnosed with a heart murmur? _____ Y _____ N
14. Ever had back problems? _____ Y _____ N

- _____ Y _____ N
15. Ever had problems with joints (knees, ankles, etc.)? _____ Y _____ N
16. Had an orthodontic appliance being brought to camp? _____ Y _____ N
17. Have any skin problems (itching, acne, rash, etc)? _____ Y _____ N
18. Have diabetes? _____ Y _____ N
- 3
19. Have asthma? _____ Y _____ N
20. Had mononucleosis in the past 12 months? _____ Y _____ N
21. Had problems with constipation/diarrhea? _____ Y _____ N
22. Have problems with sleepwalking? _____ Y _____ N
23. If female, have an abnormal menstrual history? _____ Y _____ N
24. Have a history of bed-wetting? _____ Y _____ N
25. Ever had an eating disorder? _____ Y _____ N
26. Ever had emotional difficulties for which professional help was sought? _____ Y _____ N

For any "yes" answers please explain (noting the number) any relevant information on the back of this page

Permission to Administer Treat for My Child in a Medical Emergency:

Parent/Guardian Authorizations: This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as indicated. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed medical form may be photocopied for trips out of camp or if deemed necessary.

Signature of Parent or Guardian _____ **Date** _____

Printed Name _____

I also understand and agree to abide by any necessary restrictions placed on my participation in camp activities.

Signature of camper _____ **Date** _____