

**BRISTOL HILLS MUSIC CAMP  
HEALTH HISTORY FORM-2024**

**Return to:  
(by 7/26/24)**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Parent/Guardian \_\_\_\_\_  
Name Phone Alternate Phone

If not available in an emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Medical Insurance Information:**

Insurance Co. \_\_\_\_\_ Member Name \_\_\_\_\_  
Plan name \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

**Medications:** All medications (prescription and non-prescription) must be given to the Camp Nurse upon arrival at camp. All medications must be in the original container with the camper's name and physician's directions as to dosage and administration.

Medication	Instructions for Use	Reason for Use

I give permission for the camp Health Director to administer the following over-the-counter medications as needed:  Tylenol  Advil  Benadryl  Maalox or Pepto Bismal  
**The above must be accompanied by a written order from the camper's medical provider.**

**IMPORTANT – This box must be completed for attendance at camp**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary 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 Director to secure and administer treatment, including hospitalization, for my child as named above and the participant waives their legal liability and will not hold Bristol Hills Music Camp liable. I agree that I will have my child picked up from camp within 12 hours in the event of my camper exhibiting positive COVID-19 symptoms or if deemed necessary by state or local mandates.

Signature of parent/guardian or adult camper/staffer \_\_\_\_\_ Date \_\_\_\_\_

**General Questions**

Has/does the camper:	Yes	No	Yes	No
1. Had any recent injury, illness or infectious disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?.....	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (eg knees, ankles)?.....	<input type="checkbox"/>
3. Ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance to be worn at camp?.....	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (eg itching, rash, acne)?.....	<input type="checkbox"/>
5. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?.....	<input type="checkbox"/>
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?.....	<input type="checkbox"/>
7. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?.....	<input type="checkbox"/>
8. Wear glasses, contact or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?.....	<input type="checkbox"/>
9. Ever had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking?.....	<input type="checkbox"/>
10. Ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history?.....	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting?.....	<input type="checkbox"/>
12. Ever had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder?.....	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought?.....	<input type="checkbox"/>
14. Ever had high blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>	29. Any allergies (hay fever, insect stings, food).....	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>		

**Please explain any “yes” answers, noting the number of the question:**

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Does camper need any dietary modifications? (**must** be provided here or no modifications will be made at camp)

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Explain any restrictions to activity (ex. what cannot be done, what adaptations or limitations are necessary)

Has the camper ever had:

Date:

- Measles \_\_\_\_\_
- Chicken pox \_\_\_\_\_
- German measles \_\_\_\_\_
- Mumps \_\_\_\_\_
- Hepatitis A \_\_\_\_\_
- Hepatitis B \_\_\_\_\_
- Hepatitis C \_\_\_\_\_
- TB Mantoux Test \_\_\_\_\_

Result:  Positive  
 Negative

**Please attach vaccine record for the camper.**

Use the following space to provide any additional information the camp should be aware of, including camper’s behavior, physical, emotional, and mental health. Please list any 504 or IEP accommodations that your student typically receives that may be helpful for them at music camp. We will do our best to accommodate every camper.

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In the event of an emergency where anyone planning on picking up my child from camp is unable to do so, I hereby authorize BHMC to release my child to:

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Name	Relationship to camper	Phone
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