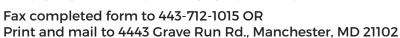
Health Information Form





Camper's Last Name	First Name	Middle Initial			
Grade Completed (as of June)	Birth Date	Gender			
Street Address					
City	State	Zip Code			
Home Phone #	Cell/Work Phone #				
Email Address	Roommate Request (cho	oose <u>one</u>)			
Parent/Guardian Full Name	Spouse's Name				
Person Authorized to Pick-Up Camper	Relation to Camper				
MEDICAL HISTORY (Please mark Contacts/Glasses MEDICAL HISTORY (Please mark Contacts/Glasses) Mard of Hearing/Deaf Recent Head, Back, or Neck injury Seizure Disorder Asthma Existing Heart Conditions Diabetes Diarrhea, Constipation, or GI issues Skin Conditions Joint Problems (recent or chronic)	all of the following that apply to this camper) ¤ Previous Hospitalizations or Surgeries ¤ Chronic or Recurring Illness (not previously listed) ¤ Emotional, Social, Learning, or other Mental Health Concerns (ADHD, Anxiety, Depression) ¤ Issues related to sleep (insomnia, night terrors, bed wetting) ¤ Activity Restrictions ¤ Other Concerns not previously listed If 'Yes' to any of the above, please explain:				
 Allergies (non life-threatening environs) Severe or life-threatening FOOD allers Other Severe or life-threatening allers Please list the allergen and describes 	gies*				

*You must fill out an Epinephrine auto-injector form if needed. If your child requires food substitutions for what is on the menu, you must contact the Food Services Director at least 2 weeks before the camp session to place an order for menu options: chef@rivervalleyranch.com

Will your child bring sunso	creen to ca	mp with t	hem? Bra	and:		□ YES	□ NO		
I authorize RVR staff to assist my child in applying sunscreen if needed.						□ YES	□ NO		
If my child's sunscreen is u	ınavailable	, I authoriz	ze the use	e of sunscreen at I	RVR	. YES	□ NO		
The following list of medic RVR's camp practitioner. A primary care provider. Plea administer to your camper	any medica ase mark ar	tions NOT	listed be	low require autho	riza	tion from th	e participants		
Tylenol (Acetaminopher	า)	¤ Cough Drop/Throat Lozenge			¤	a Antiseptic Spray			
Advil (Ibuprofen)	,	Antacid (Tums or Pepto-Bismal)			¤	¤ Burn Gel with Lidocaine			
Aleve (Naproxen Sodiun	n)	¤ Anti-Diarrheal				¤ Caladryl (anti-itch)			
Benadryl (Diphenhydra)	ar soulding					¤ Calamine Lotion			
Sudafed (Pseudoephed)	•		y Eye Dro		¤	Chloraseptic Throat Spray			
Phenylephrine (decong)	•	Analgesic (Anbesol/Orajel)				Hydrocortisone Cream			
Cough Suppressant/Exp	-	g Antibiotic Ointment				□ Hydrogen Peroxide			
x cought supplessant, Exp	Dectorant		ungal Cre			Topical Muscle Rub			
Please indicate if your child (NOTE: Must be accompanied by Medication: Medication: Medication: Medication: Medication: Medication: Medication:	d is current Medical Author Dose: Dose: Dose:	Prization form	ny medic n, signed by oute: oute: oute:	ation (or will be) d physician. Download a frequency: Frequency: Frequency: Frequency: Frequency:	at rive	ervalleyranch.co Reason: _ Reason: _ Reason: _	ase list below: om/camp-forms)		
Name	Relation		Cell Phone			Other Phone			
Name	Relation		Cell Phone			Other Phone			
	Relation		Cell Phone		Other Phone				
IMMUNIZATIONS									
Is camper a US resident?	? YES NO*		*Campers coming from outside the U immunization record, completed in a Download at rivervalleyranch.com/co		or translated into English.				
Is participant exempt fron List all immunization exem			_	oarent/guardian o	bjec	tion or med	lical reasons?		
What was the month/year	•	nor's last	totomus	shot?					

PHYSICIAN & INSURANCE INFORMATION

Does participant have a	Primary Care Provider/Physic	cian? 🗆 YES 🗆 N	10
	ne name of the last physicial hone number:		
PCP/Physician Name		Phone #	
Name of Insurance Prov	rider		
Claims Address _			
Claims Phone # _			
Policy Holder	Poli	cy Holder's DOB	
Policy #	Gro	oup #	
MEDICAL RELEAS	SE STATEMENT (plea	ase read & sign)	
This health history is correct at trips out of camp.	nd complete as far as I know. The o	completed health information fo	orm may be printed/ photocopied fo
to myself or my child, and/or a RVR, its officers, staff, agents, fees and/or damages arising of attendance at RVR. The minor otherwise noted on the health understand that a minor with a	anyone claiming on my or my child employees, trustees and voluntee out of any injury, illness or death to child herein has permission to eng n information form. While RVR has specific allergies or intolerances has	d's behalf, and I further agree to ers for and from any and all liabil o myself or my child or property gage in all camp activities as des safety protocols in place to man as a role and responsibility in the	scribed on the activities waiver unles
PCP. I also give permission for on the health form, and as dire including ordering x-rays or ro transportation for my child. In	RVR to administer camp stocked ected by the camp practitioner. I goutine tests. In the event of an eme	over-the-counter medications of ive permission to RVR to seek en ergency, I give permission to the an emergency, I hereby give perm	cations as authorized by my child's on an "as needed" basis, as indicated emergency medical treatment e camp to arrange necessary related emission to the practitioner selected
know basis. This includes the of disclosure is for the necessary necessary for insurance purpo Medication Authorization Forn necessary treatment while att necessary. This authorization is	staff to be prepared in advance for oses. The health information that m m and Immunization Records. I aut dending camp. I also authorize the re dis valid for the summer of the year ubmitting written notice of the wit	and counselors that have the mi or any medical emergencies. I ag nay be disclosed will be from the chorize release of medical inform release of medical information f signed and dated below. I unde	inor in their care. The purpose of this gree to the release of any records e Health Information Form, nation to RVR's camp practitioner, fo from my child's PCP office to RVR if erstand that I may revoke this

Parent/Guardian Signature ______ Date _____