



2023 CREA Summer Camp Health History

Camper Name (Print Clearly)

Parent/Guardian Name (Print Clearly)

Health History Waiver

The health history details provided are correct to the best of my knowledge, and my child has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the Camp Director to order treatment and to release any records necessary for insurance purposes, and to provide or 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 Director to secure and administer treatment, including hospitalization for my child named above in the event I cannot be reached in an emergency.

Parent/Guardian Signature

Date

List all known allergies:

Past Medical Treatment

Circle yes or no. If yes, provide additional information.

Does your child have an Epi-Pen ?	YES	NO	If yes, what for:
Does your child have asthma ?	YES	NO	If yes, does your child carry an inhaler?
Does your child have epilepsy ?	YES	NO	If yes, date of last seizure & severity:
Does your child have diabetes ?	YES	NO	If yes, does your child take medication/insulin?
Does your child have severe reactions to insect bites/stings ?	YES	NO	If yes, provide details:
Will your child be taking medication(s) while attending camp?	YES	NO	If yes, what for:

*In compliance with the State of Maine, DHHS Summer Camp Licensing - **immunization records must be submitted by June 1, 2023 to attend camp.** Records must include the date of the last tetanus shot and available information concerning age specific vaccinations. Please include any Covid-19 vaccinations your child has completed.*



Mental, Emotional, Learning and Social Health (MELSH)

CREA Camp is an open and active environment with many more transitions and less structure than the typical school day. We understand that families might have reluctance about sharing more sensitive and critical information, yet the answers to these questions help us to set up camp in a way that helps children to have the best possible experience. Your answers to these questions will not in any way affect your child's ability to attend camp; the information is simply to help our staff plan the best experience possible. All information is strictly confidential and will be shared only with the staff who will be interacting directly with your child that session.

Has your camper been diagnosed with a condition that impacts learning (ADHD, sensory processing)?	Y ___	N ___
Does your camper have a psychiatric diagnosis such as depression, OCD, panic/anxiety?	Y ___	N ___
Does your camper have an emotional health concern?	Y ___	N ___
Has your camper had a significant life event that continues to affect the camper's life?	Y ___	N ___
Does your child have autism spectrum disorder (ASD)?	Y ___	N ___

Please list any MELSH details that would be beneficial to our camp team to be aware of. Or, if you prefer a phone conversation rather than written details, please call our Camp Director (207)331-3202 to talk further.
