



# Rockwood Adventures Teen Travel Camper Health Form

Return ASAP, but no later than April 15<sup>th</sup> to:  
Rockwood Adventures  
Teen Travel  
Box 385, Blue Bell, PA 19422

NOTE Your child may not begin the travel program until this form is on file at camp.

Information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. This form to be completed by parents/guardian of minor.

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

Camper Home Address \_\_\_\_\_  
Street and Number City State Zip

### List the first person you'd like us to call under First Contact.

<b>First Contact</b>	<b>1</b>	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> office	<b>2</b>	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> office	<b>3</b>	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> office
	Parent/Guardian					
<b>Second Contact</b>	<b>1</b>	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> office	<b>2</b>	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> office	<b>3</b>	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> office
	Parent/Guardian					
<b>If above contact unavailable notify:</b>	<b>1</b>	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> office	<b>2</b>	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> office	<b>3</b>	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> office
	Name	Relationship				

Does your child have any chronic or recurring medical conditions?  Yes  No If Yes, explain \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of dentist \_\_\_\_\_ Phone \_\_\_\_\_

Name of orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry medical insurance?  Yes  No  Personal or  Work (Company Name) \_\_\_\_\_

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Attach copy of Health Care Card Front & Back

FOR FEMALES: Has she menstruated? \_\_\_\_\_ If not, has she been told about it?  Yes  No

If her menstrual history is not normal, please explain \_\_\_\_\_

## IMPORTANT - THIS BOX MUST BE COMPLETED \*

**MEDICAL AUTHORIZATION:** This health history is correct so far as I know, and the person described has permission to travel throughout the United States and/or Canada and engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp to order x-rays, routine tests, treatment; 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/health care facility selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed health forms may be photocopied.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**HIPAA AUTHORIZATION:** I hereby authorize any physician, nurse or other health care provider, to communicate with the director and/or designated staff, of Rockwood Adventures and Sesame/Rockwood Camps / Diamond Ridge Camps, about my child's medical condition, treatment and/or prognosis. I further authorize the director and medical staff to discuss medical condition(s) with the counselors when, in the director's sole discretion, believes such communication to be in the best interest of my child.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_



### CAMPER MUST SIGN BELOW:

I understand and agree to abide with any restrictions placed on my camp activities and to take my medications if indicated.

Signature of Minor \_\_\_\_\_ Date \_\_\_\_\_

\*If for religious reasons you cannot sign this, contact camp for a legal waiver which must be signed for attendance.