



Health Form for Children Part One (To be completed/signed by Parent/Guardian)

Camper Name _____ Male ___ Female ___
 Date of Birth _____ Camper Preferred Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Parent/Guardian Name(s) _____ Relationship to Camper _____
 Address (if different than camper's) _____
 Home Telephone Number _____ Work Telephone Number _____
 Email Address for Parent _____
 Emergency Contact _____ Telephone Number _____

Insurance Information

Is the camper covered by family medical insurance? ___ yes ___ no
 Name of Carrier _____
 Carrier Address _____
 Carrier Phone Number _____
 Name of Insured _____
 Relation of Camper to Insured _____
 Plan Name, Group Number and Policy Number _____

Emergency Treatment Release

I hereby authorize the medical personnel chosen by Burns Recovered to secure and administer treatment for my child in the event of a medical emergency. This treatment may include, but may not be limited to transportation, x-rays, routine tests and other necessary treatments.

Signature of Parent/Guardian _____
 Date _____

Health History

List any allergies that the camper is known to have (Including food, medications, latex, etc.) _____

List any medications camper is currently taking and dosage (*If medicines are to be sent to camp, they must be in their original container.) _____

Has the camper	Yes	No	(Please explain "yes" answers on the back side of this page.)
1. Had any recent illness or injury?	___	___	
2. Been exposed to a communicable disease?	___	___	
3. Been hospitalized for reason other than burn injury?	___	___	
4. Had a chronic or recurring illness or condition?	___	___	
5. Had a head injury or been knocked unconscious?	___	___	
6. Had recurring headaches?	___	___	
7. Worn glasses or contacts?	___	___	
8. Passed out, been dizzy or had chest pain after?	___	___	
9. Had seizures?	___	___	
10. Been diagnosed with any type of heart problem?	___	___	
11. Had high blood pressure?	___	___	
12. Been diagnosed with bleeding/clotting disorders	___	___	
13. Had back or joint problems?	___	___	
14. Had frequent ear infections?	___	___	
15. Been diagnosed with asthma?	___	___	
16. Been placed in the ICU for their Asthma?	___	___	
17. Been diagnosed with diabetes?	___	___	
18. Has your child menstruated? (For Girls Only)	___	___	
19. Had emotional or behavioral difficulties for which professional help was sought?	___	___	

Please explain any "Yes" answers to the previous questions:

Indicate if child is currently or in the past had any of the items listed below. If yes, give approximate dates.

	Yes	No		Yes	No
DTP	___	___	Polio	___	___
Tetanus/Diphtheria	___	___	Chicken Pox	___	___
Measles	___	___	Head Lice	___	___
German Measles/ Rubella	___	___	Mumps	___	___

Please use this space to provide any information about your child's medical and mental history about which we should be aware. Please include any physical, emotional, behavioral or mental health information.

I do not wish my child to participate in any of the following activities:

Name of family physician _____

Phone number _____

Attached is a copy of **my child's immunization record**, including when the child received the shots. (A COPY of school records is acceptable, please **do not send original**).

I certify that the health history provided above is correct and complete as far as I know. Unless otherwise noted, below, my child has my permission to take part in all scheduled camp activities with no restrictions. I hereby give permission to the nurse or other medical personnel selected by Burns Recovered/Midwest Children's Burn Camp (MCBC) to obtain and administer any surgical and medical treatment, or hospitalization needed in the case of an emergency for my child named above. I agree that Burns Recovered/MCBC or their authorized agents may administer over-the-counter medications, or their generic equivalent, as deemed necessary such as but not limited to: Calamine lotion, Betadine, Milk of Magnesia, Pepto-Bismol, aspirin, Tylenol, Neosporin Ointment, sun block, Sucrets, sting ointment, Blistex and Visine.

Parent/Guardian Signature _____

Date _____

NOTE: Please return this and all other forms to the address below by May 1, 2016

**Burns Recovered
11710 Administration Dr., Suite 2B
St. Louis, MO 63146**

***Midwest Children's Burn Camp, formerly known as Missouri Children's Burn Camp.**

Health Form for Children Attending Midwest Children's Burn Camp

Part Two (To be completed/signed by a Licensed Medical Professional)

This examination is for determining fitness and general health to engage in a variety of basic activities while at Midwest Children's Burn Camp.

Camper Name _____
Male _____ Female _____ Date of Birth _____
Child's Weight _____ lbs Height _____ Blood Pressure _____

I have examined the above Midwest Children's Burn Camp participant.
Date of last examination _____

In my opinion, the above camp applicant _____ is _____ is not able to participate in an active camp program.

It is possible that transportation to camp will be via private small aircraft. In my opinion, this child is medically stable and _____ is _____ is not able to fly in a non-pressurized small aircraft

Health Recommendations/Restrictions

The applicant is under the care of a physician at this time for the following reasons: _____

Current treatment includes: _____

Known allergies (Including Food, Medications, Latex, etc.) _____

Description of any limitations or restrictions on camp activities: _____

Please provide us with any additional information for the Midwest Children's Burn Camp health care staff which might prove to be beneficial: _____

Signature of Licensed Medical Professional _____

Please print name _____

Title _____

Phone (_____) _____ Date _____

You may fax this form to: Burns Recovered at (314) 997-0903

***Midwest Children's Burn Camp, formerly known as Missouri Children's Burn Camp.**