MOUNT HERMON ADULT HEALTH FORM

Outdoor Science School
P.O. Box 413
MOUNT HERMON, CA
95041

Dates attending OSS: from _____ to _____
Month/Day/Year *Month/Day/Year*

Name _____
First *Middle* *Last*

☐ Male ☐ Female Birth Date _____
Month/Day/Year

Home Address _____
Street Address *City* *State* *Zip*

Emergency Contacts

Name _____ Relationship _____ Preferred Phones (____)_____ (____)_____

Name _____ Relationship _____ Preferred Phones (____)_____ (____)_____

MEDICAL INSURANCE INFORMATION

Are you currently covered by a health insurance plan? ☐ Yes ☐ No

Include a copy of your insurance card; copy both sides of the card so information is readable.

Insurance Company_____ Policy Number_____

Subscriber _____ Insurance Company Phone Number (____)_____

If you do not have health insurance please read and sign below.

If you do not have your own health care plan, we can provide insurance for you while at camp. We are insured through Harford Life and Accident Insurance Company. By signing below you authorize payment of any medical fees to physician or supplier for services described on any attached statements to be disclosed to Harford Life and Accident Insurance Company for the fees to be paid. My consent is hereby granted to use this original or a photo static copy as equally valid authorization.

Signature_____ Date_____

DIET, NUTRITION

☐ I eat a regular diet

☐ I eat a regular vegetarian diet

☐ I have special food needs **(Please describe below)**

Note: Our kitchen will do its best to provide for special food needs. However, if you have extensive dietary needs, please contact us to discuss the menu. You may need to bring additional food with you.

ALLERGIES

☐ No known allergies

☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other

Please describe any allergies and the reaction seen:

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Name _____
First *Middle* *Last*

MEDICATION ☐ I will not take any daily medications while attending Outdoor Science School

☐ I will take the following daily medication(s) while at Outdoor Science School

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. By law, all prescriptions and over the counter medication must arrive in the original and appropriately labeled pharmacy containers. ALL medications must be turned into the Health Center upon arrival. The Health Center staff will store and distribute medications as directed/needed.

Name of Medication	Date Started	Reason for Taking it	When is it Given	Amount or Dose Given	How it is Given

GENERAL HEALTH HISTORY **Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

1. Ever been hospitalized? ☐ Yes ☐ No
2. Had fainting or dizziness? ☐ Yes ☐ No
3. Ever had surgery? ☐ Yes ☐ No
4. Passed out/had chest pain during exercise? ☐ Yes ☐ No
5. Have recurrent/chronic illnesses? ☐ Yes ☐ No
6. Had mononucleosis (mono) during the past 12 months? ☐ Yes ☐ No
7. Had a recent infectious disease? ☐ Yes ☐ No
8. If female, had problems with periods/menstruation? ☐ Yes ☐ No
9. Had a recent injury? ☐ Yes ☐ No
10. Have problems falling asleep/sleepwalking? ☐ Yes ☐ No
11. Had asthma/wheezing/shortness of breath? ☐ Yes ☐ No
12. Ever had back or joint problems? ☐ Yes ☐ No
13. Have diabetes? ☐ Yes ☐ No
14. Had seizures? ☐ Yes ☐ No
15. Have problems with diarrhea/constipation? ☐ Yes ☐ No
16. Have headaches? ☐ Yes ☐ No
17. Have any skin problems? ☐ Yes ☐ No
18. Traveled outside the country in the past 9 months? ☐ Yes ☐ No

Will you carry an inhaler while at Outdoor Science School? ☐ Yes ☐ No

Will you carry an Epi-Pen while at Outdoor Science School? ☐ Yes ☐ No

Please explain "Yes" answers in the space below, noting the question number and if you are currently under treatment for that specific item. For travel outside of the country, please name the countries visited and dates of travel.

WHAT HAVE WE FORGOTTEN TO ASK? Please provide in the space below any additional information about your health that you think important or that may affect your ability to fully participate in the Outdoor Science School program. **Attach additional information if needed.**