Summer 2025

For Parent/Guardians to Complete

HEALTH FORM

Please complete this Health Form, answering all questions in detail. This information, which is held in confidence and is only shared on a "need to know" basis with those caring for your child, is needed so that we may provide appropriate care for your child. If any of this information changes prior to your child's arrival at camp, please contact us so we can make the appropriate updates to the form.

INFORMATION ABOUT HEALTH AND WELLNESS CARE AT CAMP

Ensuring your child's health and safety is one of our most important responsibilities. There is a registered nurse on duty when children are at camp in the summer. We also consult with a medical doctor. Things such as insect bites, headaches, minor poison ivy, upset stomachs, cuts, scrapes, etc., are considered routine medical care. It is our policy to contact parents only if a child experiences illness or injury requiring more than routine medical care. Please remember that your child is our primary concern. First, we will seek the necessary treatment; then, we will follow-up with you. Feel free to contact the Camp Director, Village Director, or Camp Nurse to ask any questions about your child. Sherwood Forest's medical insurance is secondary coverage; if a camper requires medical treatment and has medical insurance, the parent will be billed as having primary coverage.

Camper's Legal Name: Preferred Name: Date of Birth:

Sex at Birth: ☐ Male ☐ Female Gender: ☐ Boy ☐ Girl ☐ Non-binary ☐ Other:

Camper's Height: Camper's Weight:

Address: Current Grade (2024-2025 school year):

City: State: Zip:

Parent/Guardian Name(s): Relationship to Camper:

Primary Phone: ( ) ☐ Home ☐ Cell ☐ Work Secondary Phone: ( ) ☐ Home ☐ Cell ☐ Work

Emergency Contact Information

In case none of the adults listed on previous page can be reached, please provide the name and phone numbers of **someone (not a parent or guardian)** who will be available while your child is at camp. If the emergency person is the caseworker, please list a phone number for evenings and weekends. It is not acceptable to only list the daytime telephone number. **Please make sure this person is available while your child is at camp and will be able to pick up and take care of your child if he/she needs to return home. By listing someone as an Emergency Contact you are authorizing them to pick your child up from camp.**

Emergency Contact 1: Parents/Guardians

Emergency Contact 2: Relationship to Camper:

Primary Phone: ( ) ☐ Home ☐ Cell ☐ Work Secondary Phone: ( ) ☐ Home ☐ Cell ☐ Work

Emergency Contact 3: Relationship to Camper:

Primary Phone: ( ) ☐ Home ☐ Cell ☐ Work Secondary Phone: ( ) ☐ Home ☐ Cell ☐ Work

1. **Give the date of the latest immunization for the following. We need the specific date, not just a note that the immunization is current.** A copy of the child's immunization record can be attached instead of completing this section.

DPT (Diphtheria Pertussis Tetanus)	Polio	Hepatitis A
TD (Tetanus Diphtheria)	Chicken pox	Hepatitis B
MMR (Measles, Mumps, Rubella)	HIB (Haemophilus Influenza B)	FLU
Covid-19 Vaccine First Dose	Second Dose	Booster (if applicable)

2. **Name of camper's physicians:** _____
   Phone: (_____) _____
   Date of last physical exam: _____
   Conducted by: _____

Camper's Name: _____ **Camper's Current Grade** (Grade completed prior to summer)**:**_____

3. List any of the following: Dietary Restrictions and allergies must be noted on this form to be accommodated by our kitchen.

Dietary Restrictions	☐Yes ☐No *Please note we cannot accommodate Vegans at camp. ☐ No Pork ☐ No Red Meat ☐ Lactose Intolerant ☐ Vegetarian ☐ Other _____
Food Allergies	☐Yes ☐No If yes, please describe:
Medication Allergies	☐Yes ☐No If yes, please describe:
Environmental Allergies	☐Yes ☐No If yes, please describe:

4. Has your child ever been diagnosed with any of the following?

☐ Yes ☐ No ...ADD / ADHD
☐ Yes ☐ No ...Anemia
☐ Yes ☐ No ...Anxiety
☐ Yes ☐ No ... Asthma/Breathing Problems
☐ Yes ☐ No ...Autism Spectrum Disorder
☐ Yes ☐ No ... Bipolar
☐ Yes ☐ No ...Chronic Illness
☐ Yes ☐ No ...Chronic Infection(s)
☐ Yes ☐ No ...Depression
☐ Yes ☐ No ...Eating Disorder
☐ Yes ☐ No ...Gastrointestinal Problems
☐ Yes ☐ No ...Hearing Problems
☐ Yes ☐ No ...Heart Condition
☐ Yes ☐ No ...Hepatitis
☐ Yes ☐ No ...Joint/Bone Problems
☐ Yes ☐ No ...Learning Disability
☐ Yes ☐ No ...Menstrual Problems
☐ Yes ☐ No ...Oppositional Defiant Disorder (ODD)
☐ Yes ☐ No ...Seizure Disorder (i.e. Epilepsy)
☐ Yes ☐ No ...Sickle Cell Anemia/Trait
☐ Yes ☐ No ...Other_____

If you marked "Yes", please provide additional details:

_____

5. Has your child ever experienced any of the following?

☐ Yes ☐ No ...Bedwetting
☐ Yes ☐ No ...Behavioral challenges at home/school
☐ Yes ☐ No ...Difficulty breathing during exercise
☐ Yes ☐ No ...Difficulty waking up
☐ Yes ☐ No ...Dizziness/Fainting/Fatigue
☐ Yes ☐ No ...Feeling sad/depressed
☐ Yes ☐ No ...Feeling nervous/anxious
☐ Yes ☐ No ...Headaches/migraines
☐ Yes ☐ No ...Hyperactivity
☐ Yes ☐ No ...Irregular eating patterns
☐ Yes ☐ No ...Nightmares/night terrors
☐ Yes ☐ No ...Operations/hospitalizations
☐ Yes ☐ No ...Passed out/had chest pain during exercise
☐ Yes ☐ No ...Problems falling asleep
☐ Yes ☐ No ...Problems staying asleep
☐ Yes ☐ No ...Recent injury
☐ Yes ☐ No ...Separation anxiety
☐ Yes ☐ No ...Serious injury
☐ Yes ☐ No ...Shortness of breath (not related to exercise)
☐ Yes ☐ No ...Sleepwalking
☐ Yes ☐ No ☐N/A...Started period/menstrual cycle
☐ Yes ☐ No ☐N/A ...Problems with period/menstruation
☐ Yes ☐ No ...Sudden changes in mood
☐ Yes ☐ No ...Behavioral challenges at home/school
☐ Yes ☐ No ...Other_____

If you marked "Yes", please provide additional details:

_____

6. Does your camper benefit from any of the following: ☐ N/A

☐ Glasses/Contacts ☐ Dental Apparatus (braces/retainer)
☐ Musculoskeletal Brace ☐ Other_____

If you marked "Yes", please provide additional details:

_____

Camper's Name: _____ **Camper's Current Grade** (Grade completed prior to summer)**:**_____

7. **Please list any pertinent Family Health History:** ☐ N/A

_____

_____

8. **Are there any activities which should be limited?** ☐ No ☐ Yes If yes, give details.

_____

_____

9. **List any medications or supplements camper takes on a regular basis.** ☐ N/A

All medications and vitamins should be sent to camp in the ORIGINAL container, with an adequate amount for the entire session. Please label all containers with your child's name, place all medications in one zip lock bag, and give it to the staff at the bus stop. Camp is a highly structured environment and therefore all medication MUST be sent to camp, even if not normally taken in the summer.

Medication	Dose	Times when taken	Date Started	Reason for taking

10. **List any medical equipment/appliances sent to camp:** ☐ N/A

_____

11. **Any over the counter medication that should not be given:** ☐ N/A

_____

12. ***Are you (parent/guardian) ready for your child to be at camp knowing direct communication will be limited to written formats (letters, postcards, etc.) between you and your child?*** ☐ ***Yes*** ☐ ***No***

You are welcome to call camp anytime. Your child's Village Director, or another member of our admin, will be happy to provide you with an update.

Understanding your camper better helps us ensure that we can better support them during their time at camp. We ask that all families please be transparent with Sherwood Forest about anything that might affect your camper's daily life. This information will be held in the strictest of confidence and only shared on a "need to know" basis with Sherwood Forest staff and only to those providing direct care for your child.

13. **Has your child ever experienced/witnessed any of the following?**

☐ Experienced ☐ Witnessed ☐ N/A ...Bullying
☐ Experienced ☐ Witnessed ☐ N/A ...Physical Abuse
☐ Experienced ☐ Witnessed ☐ N/A ...Sexual Abuse
☐ Experienced ☐ Witnessed ☐ N/A ...Emotional Abuse/Neglect
☐ Experienced ☐ Witnessed ☐ N/A ...Domestic Violence
☐ Experienced ☐ Witnessed ☐ N/A ...Incarceration
☐ Experienced ☐ Witnessed ☐ N/A ...Houselessness
☐ Experienced ☐ Witnessed ☐ N/A ...Substance Abuse
☐ Experienced ☐ Witnessed ☐ N/A ...Community Violence
☐ Experienced ☐ Witnessed ☐ N/A ...Medical Trauma
☐ Experienced ☐ Witnessed ☐ N/A ...Traumatic Grief/Loss
☐ Experienced ☐ Witnessed ☐ N/A ...Significant life transition
☐ Experienced ☐ Witnessed ☐ N/A ...Other unspecified trauma
☐ Prefer not to disclose

14. Sherwood Forest is committed to making sure our trans and non-binary campers feel safe and supported while at camp.

Would your camper like to fill out a Gender Support Plan? If yes, then a member of our team will reach out to your family.

☐ Yes ☐ No

Camper's Name: _____ **Camper's Current Grade** (Grade completed prior to summer)**:**_____

15. Any additional comments, concerns, or information you want our Camper Care Team to know? Please know this information will be held in confidence, and only shared with team members who need the information to support your child(ren). ☐ N/A

_____

_____

a. Would you like a member of the Camper Care Team to contact you about any social, emotional, mental, or behavioral health concerns? ☐ Yes ☐ No If yes, give details:

_____

_____

b. Would you like a member of the Camper Care Team to contact you about any medical or physical health concerns? ☐ Yes ☐ No If yes, give details:

_____

_____

16. Is the camper covered by Medicaid or family medical/hospital insurance? ☐Yes ☐No
If yes, a copy of the card must be attached, and the following must be completed.

Policy Holder (if camper is covered by insurance) or Responsible Party (if camper is not covered by Insurance)

Name	Relationship	Date of Birth
Preferred Phone	Employer Name And Phone	( )
Address	City	State Zip

17. If returning, has your camper's insurance coverage changed from last year? ☐Yes ☐No ☐ N/A

PARENT/GUARDIAN AUTHORIZATION

This health history is correct and accurately reflects the health status of the camper to which it pertains. The person described has permission to participate in all Sherwood Forest activities except as noted by me and/or the examining physician. I give permission to the physician selected by Sherwood Forest to order x-rays, routine tests (including those for infectious disease prevention and diagnosis, of things such as Covid-19, strep throat, flu, etc.), and treatment related to the health of my child for both routine healthcare and in emergency situations; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. I understand the information on this form will be shared on a "need to know" basis with Sherwood Forest staff. I understand that I will need to complete an additional waiver (which covers many things including Covid-19) before my child can attend camp. In addition, Sherwood Forest has permission to obtain a copy of my child's health record from providers who treat my child, and these providers may talk with the camp staff about my child's health status. I give permission to photocopy this form.

Parent/Guardian Signature:	**Date:**
Parent/Guardian Name:	

If the camp must obtain such consent from the agency that has legal guardianship of the camper, please give the agency contact person's name and phone numbers.

School/Agency/Mentor Contact		
Daytime Phone ( )	Evenings/ Weekends ( )	Cell Phone ( )

◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆◆

ATTENTION MEDICAL PROVIDER:
Sherwood Forest's medical insurance is secondary coverage. If this camper requires medical treatment, please send invoices/statements to:
☐ Camper's family medical insurance ~ **Copy of the insurance card is attached.**
☐ The camper's parent at the address on the reverse of this form ~ **Insurance is indicated but no information is provided.**
☐ Sherwood Forest, 12430 Tesson Ferry Road Suite 304; St. Louis, MO 63128 Phone: 314-644-3322, Fax: 314-644-3330

Camper's Name: _____ **Camper's Current Grade** (Grade completed prior to summer):_____