

# CAMP WAR EAGLE HEALTH INFORMATION

(Read Carefully)

Attached, you will find a **CAMP WAR EAGLE HEALTH CARD**. This is the single most important piece of information that you will provide **Camp War Eagle** in reference to your child. Please take it seriously. Only by supplying us with ALL of the information required can we best serve your child's health interests. Please read, understand and comply with all of the instructions and directives listed below.

## INSTRUCTIONS AND DIRECTIVES

1. Complete the attached HEALTH CARD in its entirety. A physical examination must be performed by a licensed physician within 24 months of arrival at Camp War Eagle 2010. Only **Camp War Eagle Health Cards** will be accepted. Examination for any purpose within this period is acceptable; however the physician must transfer all information and sign **this** Camp War Eagle Health Card. School or athletic forms are not acceptable.

**If you elect to use the physical examination already on file with Camp War Eagle** (that was completed within 24 months of arrival at Camp War Eagle 2010) **you MUST complete and submit the front page of the health card and list any medications that your camper will take at camp.** It is at the sole discretion of the Camp War Eagle Staff to require an examination completed within 12 months of camp. You will be notified if required to provide an updated examination.

2. Make sure that you **SIGN THE PARENT'S AUTHORIZATION. NO CHILD WILL BE ACCEPTED FOR ATTENDANCE WITHOUT A SIGNED HEALTH FORM.**

3. Contact your insurance company to determine which Northwest Arkansas hospital (Mercy Medical Center, Northwest Medical Center - Bentonville or Northwest Medical Center - Springdale) is part of your Insurance Company's network. In case of emergency, your child will be taken to the hospital you designate on the Health Form whenever possible.

4. **MEDICATIONS:** Any camper who is required to take medication while at **Camp War Eagle** must comply with the following administrative policies:

- a. All medication must be furnished by the parent and kept in the Health Center. This includes vitamins. Please label with child's first and last name.
  - b. All **prescription** medication must be in the **original pharmacy container** and labeled by the pharmacist. The label must include:
    1. The camper's name
    2. Physician's name
    3. Name of medication
    4. Amount of medication to be given; frequency of administration
    5. Date prescription filled
  - c. All **non-prescription** medication must be in the **original container**. You must provide a written request for dispensation of non-prescription medication that contains the following information:
    1. Full name of camper
    2. Name of medication
    3. Amount of medication to be given
    4. When medication is to be given
    5. Reason medication is to be given
    6. Date
    7. Signature of parent or guardian
- \* **Over the counter drugs that your child takes on a daily basis, such as for allergies, should be sent. It is not necessary to send basic over the counter drugs that your child does not take on a daily basis, such as those for fevers or colds, as Camp War Eagle provides these medications when determined necessary by the camp physician or nurses.**

d. There shall be no more than one (1) medication per properly labeled container.

e. If injectable medication is provided for any acute reaction or condition, such as given for asthma, insect bites or stings, growth hormones, hemophilia, etc., it must be accompanied by a physician's written authorization as well as the parent's written requests. Please provide syringes, if needed.

f. **REGULAR ALLERGY MEDICATIONS** must be accompanied by a physician's written authorization and instructions, explaining specific dosages, required observation time, if any, and possible or potential side effects or reactions. **ALL ALLERGY SHOTS MAY BE GIVEN AT A LOCAL AREA CLINIC. A \$25.00 FEE PER VISIT WILL BE CHARGED FOR THIS SERVICE. This service and fee may be waived at the sole discretion of the camp physician.** Please provide syringes, if needed.

CAMPER NAME \_\_\_\_\_  
 LAST FIRST

Camp War Eagle Office Use Only

Session \_\_\_\_\_ Cabin # \_\_\_\_\_  
 Temp \_\_\_\_\_  
 HV \_\_\_\_\_  
 Comments \_\_\_\_\_

**CAMP WAR EAGLE HEALTH CARD**

14323 Camp War Eagle Road, Rogers, AR 72756  
 Ph. 479-751-8899 · Fax 479-751-8791

This side to be filled out by parent and checked with physician at time of examination.

Camper's Name \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
 Home Address \_\_\_\_\_ (W) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
 Home Address \_\_\_\_\_ (W) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Cell) \_\_\_\_\_  
 If parents are not married to each other, please indicate who has legal custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint \_\_\_\_\_  
 If parents cannot be reached in the event of an emergency, please notify:  
 Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Address \_\_\_\_\_ (Cell) \_\_\_\_\_

**INSURANCE or ARKids INFORMATION**

(Complete information below and attach a copy of both sides of health insurance card)  Please check the box if you have no health insurance.

Hospitalization Insurance Co. \_\_\_\_\_ Policy I.D. # \_\_\_\_\_  
 Ins. Co. Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Group # \_\_\_\_\_ Member ID # \_\_\_\_\_  
 Primary Insured Name \_\_\_\_\_ Primary Insured's SS# \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 The following hospital is my preferred "in-network" healthcare provider in Northwest Arkansas in case of emergency (check one):  
 Mercy Medical Center or  Northwest Medical Center – Bentonville or  Northwest Medical Center – Springdale  
 Prescription Insurance Co. \_\_\_\_\_ Policy I.D. # \_\_\_\_\_  
 Rx BIN# \_\_\_\_\_ Rx PCN # \_\_\_\_\_ Rx Group # \_\_\_\_\_ Help Desk Phone # \_\_\_\_\_

**HEALTH HISTORY (Check and give approximate dates)**

\* Asthma \_\_\_\_\_ \* Drug Allergies \_\_\_\_\_  
 \* Behavior Issues \_\_\_\_\_ \* Food Allergies \_\_\_\_\_  
 \* Seizure Disorder \_\_\_\_\_ \* Insect Allergies \_\_\_\_\_  
 \* Other \_\_\_\_\_

Surgery or Serious Injuries (Dates) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

\* Treatment prescribed for conditions above (be specific) \_\_\_\_\_

**IMMUNIZATION HISTORY (Required, fill in all dates of shots and/or attach a copy of shot record)**

Required immunizations must be determined locally. This is a record of basic immunizations and most recent booster doses.

DTaP Date \_\_\_\_\_ Pneumococcal Date \_\_\_\_\_  
 Hepatitis A Date \_\_\_\_\_ Polio Date \_\_\_\_\_  
 Hepatitis B Date \_\_\_\_\_ \*\*Tetanus (TDaP) Booster Date \_\_\_\_\_  
 Hib Date \_\_\_\_\_ Varicella Vaccine Date \_\_\_\_\_ or Chicken Pox Date \_\_\_\_\_  
 Menactra (Optional) Date \_\_\_\_\_ Seasonal Flu Shot Date \_\_\_\_\_ H1N1 Flu Shot Date \_\_\_\_\_  
 MMR Date \_\_\_\_\_ Other \_\_\_\_\_

\*\* Must be current within last 10 years.

Please notify the camp if this camper is exposed to any communicable disease during the THREE WEEKS PRIOR TO CAMP ATTENDANCE.  
 (Flu, Chicken Pox, Measles, Mumps, etc.)

**ATTENTION PARENTS: NO CHILD WILL BE ACCEPTED FOR ATTENDANCE WITHOUT A SIGNED HEALTH FORM**

**PARENT'S AUTHORIZATION:** I hereby give my permission to the medical personnel selected by **Camp War Eagle** to provide routine healthcare, to administer medications, both over the counter and prescription, to order X-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named on this form. In addition, I authorize **Camp War Eagle** or its designees to provide or arrange necessary related transportation for my child. In addition, I authorize the release of all records, X-rays, notes and any other medical information to **Camp War Eagle** or its designees. If my camper does not have applicable or sufficient health insurance, or if my camper's insurance is not accepted by local providers, for any reason, I will be responsible for payment.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

CIRCLE THE SESSION CAMPER IS ATTENDING: 1st 2nd 3rd 4th 5th 6th 7th 8th w

