

Health History Form for Wargo Nature Center Nature Day Campers

Return Completed Form to
Wargo Nature Center
7701 Main St
Lino Lakes, MN
55038

Due in Camp Office by
First Day of Camp
(you may bring with your child on the first day)

Questions?
 Call the Wargo Nature Center at 763-324-3350

Camper Name: _____
First Name Middle Initial Last Name

Date of Birth: _____ Boy Girl
Month Day Year

Parent/Guardian: _____ Preferred Phone #: (_____) _____

Address: _____

Email address: _____

About health care for nature day campers:

- At minimum, a staff member with First Aid and CPR is at camp when campers are present.
- Campers should arrive ready to participate in the program. Campers with a contagious illness will be excluded from camp until a medical exam and doctor's note indicates the child may return and the symptoms have subsided for 24 hours.
- Should your child need medication during the day, day camp staff will administer it. Please bring medications in the original container with child's name and dosage clearly and any other instructions clearly labeled. Give medications to day camp staff upon arrival at camp. Campers will not be allowed to keep any medications (with the exception of inhalers) with them.

1. Date (month & year) of your child's most recent tetanus immunization _____
2. Is this child allergic to any food, insect or medication? Yes No
 If YES, name the item and indicate the reaction. _____ Intolerance Anaphylaxis
 _____ Intolerance Anaphylaxis
3. Does this child have asthma? Yes No
 If YES, will your child carry a rescue inhaler during the camp session? Yes No
 If YES, does your child need staff help to use that rescue inhaler? Yes No
 If YES, what triggers your child's asthma? _____
4. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.
 Name of Parent: _____ Phone: (_____) _____
5. List the medications that your camper takes on a routine basis: This camper takes no routine medication.
 a. Med: _____ Reason for taking this: _____
 a. Med: _____ Reason for taking this: _____
6. What else should we know about your child? Please write additional information about your child's health or any behaviors/concerns that may impact your child's participation in our program: (please use back of sheet if needed)

You have my permission to use my child's picture and/or name for public relations purposes for the Wargo Nature Center/Anoka County Parks: _____ **YES** _____ **NO**

Parent/Guardian Authorization
 This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: _____ Date: _____

Wargo Nature Center
 Anoka County Parks and
 Recreation Department
 7701 Main St.
 Lino Lakes, MN 55038
 763-324-3350
 www.anokacountyparks.com

**Request for Additional Information
 About Your Child's Medication**

Camper: _____ Arrival Date: _____

We want your child to receive appropriate care and support while at the Wargo Nature Center. Please complete this (in consultation with your physician if necessary) and return it to the address at the end of the form. Contact the Wargo Nature Center at 763-324-3350 with questions or concerns. Please attach additional information as needed, including signed physician medication orders (including administration directions) and greater detail about your child's medical history (i.e. Symptoms to look for). Please provide medicine supplied in the original bottle. Parental signature at bottom of page provides permission to provide medicine as described.

These Medications Are Taken As Directed by Physician

Name of Medication	Dose Given	When	Reason for Using this Med

These Medications Are Used When Participant's Need Flares

Name of Medication	Dose Given	At What Point Should this be Used?	What Effect Should be Expected & How Quickly?

❖ **WHEN WE HAVE QUESTIONS, WHO SHOULD WE CONTACT?**

Name: _____ Phone: _____
 Name: _____ Phone: _____

❖ **AT WHAT POINT SHOULD WE NOTIFY YOU (Parent, Guardian) ABOUT A PROBLEM?**

❖ **AT WHAT POINT SHOULD THIS PARTICIPANT BE TAKEN TO A PHYSICIAN OR HOSPITAL?**

NOTE, DECISION MAY ALSO BE MADE IF STAFF HAS A MEDICAL CONCERN, CALLS 911 AND DEFERS TO RESPONDING EMT.

Return to:
 Wargo Nature Center
 7701 Main St
 Lino Lakes, MN 55038
 763-324-3350

Your Signature: _____
 Relationship to Camper: _____
 Date: _____



Wargo Nature Center

Parent/Guardian Permission for Treatment of Anaphylaxis

Parent/Guardian Permission for Treatment of Anaphylaxis using Epinephrine and/or Benadryl by unlicensed staff or personnel in the absence of a Licensed Healthcare Provider.

If your child needs/uses Epinephrine and/or Benadryl, please have your physician complete this form and return it to Wargo Nature Center prior to first day-camp/program start date. Completed forms will be kept on file for one year.

Child's Name _____ **Date of Birth** _____ **Gender** _____

Address _____
Street City State Zip Code

Parent/Guardian Name _____

Address _____
Street City State Zip Code

Home Phone _____ **Other Phone** _____

If Parent/Guardian is unavailable in an emergency, contact

Name _____

Phone(s) (____) _____ (____) _____

Relationship to Child _____

My son/daughter has the following allergy(s) which may require treatment with epinephrine (Epi-pen) and/or Benadryl® (diphenhydramine) according to my child's physician: _____

By signing this form, I hereby give permission to allow the administration of epinephrine by auto-injection (Epi-pen) and/or Benadryl® (diphenhydramine) administration in the absence of a licensed health care provider by an unlicensed staff member or personnel of Wargo Nature Center who has been trained in the administration of Epi-pen and Benadryl® (diphenhydramine) administration in the event of an emergency of my son/daughter. I also allow Wargo Nature Center Staff and Personnel to share with appropriate medical personnel, information relative to this medication administration plan and/or event.

Parent/Guardian Signature

Date

Please return completed form to: Day Camp/Program Coordinator

Exclusion of Sick Children

Certain symptoms suggest contagious illness. Day campers with the following symptoms will be excluded from camp until:

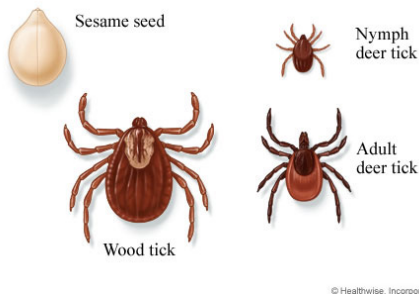
- 1) A medical exam indicates the child may return to day camp (must have doctors note) and/or
- 2) The symptoms have subsided for 24 hours.

Symptoms & Illnesses:

<p>Fevers: Fever with an oral temperature of or greater than 101F.</p> <p>Uncontrolled Diarrhea:</p> <p>Vomiting: Two or more episodes in previous 24 hours.</p> <p>Rash: Rashes with a fever or behavior changes.</p>	<p>Eye Drainage: Reddened eyes with white or yellow/green pus-like substance that may be accompanied by a fever, or reddened and swollen eyelids. Open Sores: Any open sore or sores that are draining pus-like substance, accompanied by a fever, and or reddened and swollen.</p> <p>Respiratory Illness: Accompanied by persistent uncontrolled coughing, difficulty breathing, or wheezing.</p>	<p>Children not able to participate: In the day camp program with reasonable comfort or children that require more care than the program staff can provide without compromising the safety of other children.</p> <p>***Doctor's note must include: date of exam, when the child is able to return to day camp, treatments needed, and/or the medication necessary for staff to care for child.</p>
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Ticks and Lyme disease

At Wargo Nature Center we have both wood ticks and deer ticks. The following information will give you ways to tell them apart, prevent them, remove them, and give warning signs to watch for if you do get bit by a deer tick.



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Wood Ticks

- DO NOT carry Lyme disease
- Dark brown in color with white marks around head (male wear suspenders, female wear necklaces)
- Common throughout Minnesota About 1/8" in size

Deer Ticks

- CAN carry Lyme Disease
- Orange/reddish brown in color with black spot near head
- Smaller than a wood tick, only about the size of a large pin head 1/16"

To Help Prevent Tick Bites

- Tucking pants into socks will prevent ticks from crawling up pants
- Wear lighter colored clothing (ticks show easier) and check clothes often, removing any ticks spotted
- At the end of the day do a full-body tick check



Early signs of Lyme disease

If in doubt please see a doctor

Symptoms may include: fatigue, swollen glands, red skin rash (blotchy or bulls eye), chills and fever, headache, muscle or joint pain.

If a Tick is Found Imbedded in Your Skin

Using a clean pair of tweezers, grab the ticks mouth part of head DO NOT grab the tick by the wide part of its body. Pull the tick directly out in a slow, steady motion. If you suspect that the tick is a deer tick, store the removed tick in an airtight container such as a ziplock bag. Then it can be tested for Lyme disease. Clean the bite site with alcohol and peroxide. DO NOT use Vaseline or a hot match to remove the tick and do not flush the tick down the toilet or drain, it can crawl back up. Fold it in a piece of tape and throw it in the garbage.

If you do find a tick attached to your skin, there is no need to panic. Not all deer ticks are infected, studies show that it takes an infected deer tick to begin transmitting Lyme disease an average of 36-48 hours after attachment. Therefore, your chances of contracting Lyme disease are greatly reduced if you remove a tick within the first 24 hours. Remember, too, that the vast majority of early cases are easily treated and cured.