

Camper _____

Camp HemoVon Camper Registration and Medical Information

Camper Name _____

Date of Birth _____ **Current Age** _____

Parents/Guardians Name _____

Mailing Address _____

Street Address, if different _____

City _____ **State** _____ **Zip** _____

Home Telephone _____

Cell Phone(s) _____

Work Phone(s) _____

Email Address _____

Emergency Contact

Name _____

Relationship to Camper _____

Telephone _____

T-Shirt Size

Youth 10-12 14-16

Adult Small Medium Large Extra Large XXL

Bus Transportation

- Yes, My child will ride the bus and will need picked up at:
 - Charleston Weston/Buckhannon Pittsburgh Morgantown
- No, I will transport my child to and from camp

Medical Information

To Be Completed by Parent or Guardian

Treating Institution

Charleston Huntington Morgantown Pittsburgh Other

Physician _____

Nurse Specialist _____

Social Worker _____

Address _____

Main Telephone/24 Hour _____

Health Insurance Information

Please provide a copy of your child's health insurance card (front and back).

Insurance Provider _____

Policy Number _____

Group Number _____

Policy Holder's Name _____

Is pre-authorization required?

Yes No

Provider Telephone Number _____

Medical History

Diagnosis

- Factor VIII Deficiency
 - Mild Moderate Severe
- Factor IX Deficiency
 - Mild Moderate Severe
- vonWillenbrand's Disease
 - Type I Type II Type III
- Other, please explain _____

Inhibitor

- Yes, when? _____, on immune tolerance? _____
- No

Treatment

- Home Infusion
- Self Infusion

If not, who infuses? _____

Treatment Product _____
(brand of factor, DDAVP, etc.)

Dosage (number of units)

Minor bleed _____
Major bleed _____

Approximate number of bleeds per month _____

Is camper on prophylactic schedule for factor infusions?

- Yes No

If yes, what is the dose and schedule? _____

Any reactions to transfusions?

- Yes No

If yes, type of reaction _____

Other Medical Issues

Hepatitis B antibody

- positive negative unknown

Hepatitis C antibody

- positive negative unknown

HIV antibody

- positive negative unknown

(If yes, please explain)

Heart disease

- Yes No
-

Kidney disease

- Yes No
-

Epilepsy, seizures

- Yes No
-

Diabetes

- Yes No
-

Asthma

- Yes No
-

Allergies (Drugs, food, hayfever, pets, etc.)

- Yes No
-

Behavioral/Psychological (Is child undergoing counseling or on medication?)

- Yes No
-

Bedwetting

- Yes No
-

Other

Current Medications (drug name, dose, frequency)

Camper _____

Immunizations (date)

DPT _____ Tetanus _____ Polio _____ Chicken Pox _____

MMR _____ HIB _____ Hepatitis B _____ TB _____ (positive/negative)

Restrictions (Physical or otherwise which may interfere with camp Activities)

Anything else we should know or suggestions regarding your child?

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities, except as noted.

Parent/Guardian Signature

Date