

HEALTH INFORMATION
For Middlebury-Monterey Language Academy

It is important that the two MMLA health forms are filled out and promptly returned. The Health History form is completed by parents; the Health Care Recommendation form is completed by a family doctor.

PLEASE NOTE THAT ALL FORMS MUST BE RECEIVED BY MMLA BEFORE YOUR CHILD'S ARRIVAL. FAILURE TO DO SO MAY JEOPARDIZE YOUR CHILD'S PARTICIPATION IN CAMP AND RESULT IN US HAVING TO ARRANGE FOR AN ADDITIONAL PHYSICAL EXAMINATION AT YOUR EXPENSE.

Campers may not participate in camp activities until these forms are received and reviewed by the health care staff. Please make a copy of the forms for your records before you mail them to us.

IMPORTANT NOTE ABOUT INSURANCE: No child may participate in camp programs without proof of family health insurance coverage. Short-term insurance coverage may be available to you through Middlebury College; call MMLA for details. During the summer, should your child see a doctor, dentist or orthodontist, need to use local medical facilities, or require a prescription medication, MMLA will forward doctor, dentist, or orthodontist bills directly to you for your submission to your insurance company, and will contact you to arrange payment for prescriptions.

Parents complete the HEALTH HISTORY FORM:

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.

Please be sure the parent/guardian authorization and camper signature section is completed. Mail the form so that we receive it (and the doctor's form, described next) by May 1. Please attach a letter explaining any special medical, mental, or emotional needs.

Family doctor completes the HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL FORM:

- This health form needs to be completed and signed by your child's physician, and mailed to MMLA so that we receive it by May 1. A physical exam is required within the two years prior to camp attendance. Please schedule an appointment with your child's doctor if he or she has not had an exam since June 27, 2006.

- All campers are required to have pre-school immunizations (including DPT, polio, measles, mumps, rubella and Hepatitis B). Tetanus boosters are required if it has been greater than 10 years since the last immunization.
- If your child requires medicine of any kind, make sure the appropriate sections of the forms are completed by you and your doctor. It is most important that the doctor lists all prescription and non-prescription medications that your child is taking, along with their dosage and frequency. A prescription bottle with the information on it is not adequate and will not replace the actual doctor's order. Medications must be in original containers with child's name and will be stored in the infirmary, unless otherwise pre-arranged with MMLA health staff. It is also important to know if your child has been taking any medications during the school year which he or she will not be taking at camp.

OTHER MEDICAL NOTES

We respectfully request that any medication changes for your child during his stay at camp be discussed with our medical staff prior to camp.

Campers who require allergy injections during the camp season should bring complete instructions regarding schedule and dosage, allergy serum, and syringes with needles. Epi-Pens or other medications used to treat allergic reactions and instructions for their administration should be included.

Children who wear glasses, contact lenses, or dental appliances should bring pertinent information regarding them. It is helpful to send an extra pair of glasses in case of loss or damage.

Standard policy for notification of parents in case of medical conditions:

- a) Whenever we determine that a child should go to the hospital.
- b) Whenever an illness or injury necessitates a stay in the camp infirmary of more than 24 hours.
- c) Whenever prescription medication is prescribed.
- d) Whenever there is a condition which might impact the family at home.
- e) Whenever a camper sees a dentist or an orthodontist.
- f) Whenever the Camp Director, Camp Physician, or Camp Nurse feels contact with a parent is in order.

While at camp, health staff may need to administer basic medications, either over-the-counter or prescription medications. They do so with the written authorization from our Camp Physicians.

**Middlebury-Monterey Language Academy
Health History Form
for Parent/Guardian to Complete**

Mail or fax by May 1 to
Middlebury-Monterey Language Academy, 72 S. Main St., #350
White River Junction, VT 05001
Fax: 802-296-2589

Student Name _____ Birthdate _____ Male ___ Female ___
Home Address _____
City _____ State _____ ZIP _____
Phone _____ Social Security # _____

Guardian #1

Name _____ Email _____

Home Address _____

Summer Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Guardian #2

Name _____ Email _____

Home Address _____

Summer Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

If neither guardian is available in an emergency,
notify _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Health Insurance

Is the student covered by family medical/hospital insurance? Yes ___ No ___
(All students MUST be covered during their time at camp.)

Name of Insurance _____
Policy Holder Name _____ Policy Holder date of birth _____
Policy Holder Employer _____
Carrier Address _____
Carrier Phone _____
Group # _____ Certificate # _____

COPY BOTH SIDES OF INSURANCE CARD AND ATTACH TO THIS FORM

- If your company is an HMO or Managed Care Company, please attach copy of prior notification policies.
- If your HMO allows blanket permission for another doctor to treat your child while away from home, please attach blanket permission for our Camp Physicians.
- If you have separate prescription coverage, please send us a copy of both sides of your prescription card.

Health History

The following information must be filled in by the parent/guardian. The intent of this information is to provide Camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to Camp health personnel upon camper's arrival in Camp. Provide complete information so that the Camp can be aware of your camper's needs.

ALLERGIES List all known.

Describe reaction & management of it.

Medication allergies (list)

Food allergies (list)

Other allergies (list) -include insect stings, hay fever, asthma, animal dander, etc.

NOTE: If your child has a serious allergy, please attach a small photo, with your child's name on the back, for identification purposes.

MEDICATIONS BEING TAKEN

Please list ALL medications (including non-prescription drugs) which will be taken routinely at Camp. Send, or bring, enough medication to last the entire time at Camp. Keep it in the original packaging/bottle. All medications, both non-prescription and prescription, must also be specified on the Health Care Recommendations form or be accompanied by a written doctor's order.

____ This camper takes NO medications on a routine basis.

____ This camper takes medications during the school year that will not be taken during the summer.

____ This camper will take the following medications at Camp:

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Please list ALL healthcare providers currently treating camper.

Name of family physician _____

Address _____

_____ Phone _____

Name of family dentist/orthodontist _____

Address _____

_____ Phone _____

Names of additional healthcare providers (e.g. psychiatrist, homeopath, allergist, dermatologist)

Name Specialty _____

Address _____

Phone _____

Name Specialty _____

Address _____

Phone _____

General Questions (Explain "Yes" answers below.)

Has/does the camper: Yes No

Has/does the camper: Yes No

1 Had any recent injury, illness or infectious disease? ___ ___

17 Ever had problems with joints (e.g., knees, ankles)?

2 Have a chronic or recurring illness/condition? ___ ___

..... ___ ___

3 Ever been hospitalized? ___ ___

18 Have an orthodontic appliance to be used at Camp? ___ ___

4 Ever had surgery? ___ ___

19 Have any skin problems (e.g., itching, rash, acne)? ___ ___

5 Have frequent headaches?..... ___ ___

20 Have diabetes? ___ ___

6 Ever had a head injury? ___ ___

21 Have asthma? ___ ___

7 Ever been knocked unconscious?..... ___ ___

22 Had mononucleosis in the past 12 months? ___ ___

8 Wear glasses, contacts or protective eye wear?..... ___ ___

23 Had problems with diarrhea/constipation?..... ___ ___

9 Ever had frequent ear infections?..... ___ ___

24 Have problems with sleepwalking? ___ ___

10 Ever passed out during or after exercise?..... ___ ___

25 If female, has she menstruated?..... ___ ___

11 Ever been dizzy during or after exercise? ___ ___

If not, has she been told about it? ___ ___

12 Ever had seizures? ___ ___

If so, is her menstrual history normal? ___ ___

13 Ever had chest pain during or after exercise? ___ ___

26 Have a history of bed-wetting?..... ___ ___

14 Ever had high blood pressure? ___ ___

27 Have an eating disorder

15 Ever been diagnosed with a heart murmur? ___ ___

(e.g., anorexia, bulimia, binge eating)? ___ ___

16 Ever had back problems? ___ ___

28 Ever had emotional difficulties for which

professional help was sought? ___ ___

Please explain any "Yes" answers, noting the number of the questions.

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Use this space to provide any additional information about the camper's behavior and physical, emotional, or mental health about which the Camp should be aware.

RESTRICTIONS

The following restrictions apply to this individual.

Dietary

- Does not eat red meat Does not eat pork Does not eat eggs
- Does not eat poultry Does not eat seafood Does not eat dairy products
- Other (describe)

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary).

IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE

This health history is correct and complete as far as I know. The person herein described has permission to engage in all Camp activities except as noted. I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care, administer prescribed medications, exchange information regarding my child's health with my child's local health care providers and seek emergency medical treatment including ordering x-rays or routine tests. I agree to release any records necessary for insurance purposes. I give permission to the Camp to provide or arrange necessary related transportation for my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of Camp and information may be shared with Camp staff, as needed.

Signature of parent or guardian

Printed Name _____ Date

I understand and agree to abide by any restrictions which may be placed on my participation in activities while at Camp.

Signature of camper _____ Date

** If for religious reasons you cannot sign this, contact MMLA for a legal waiver which must be signed for attendance.*

SCREENING RECORD (For Camp Use Only)

Date Screened _____ Time

Meds Received

Updates/additions to health history noted Yes ___ No ___ None required _____

Current health needs identified

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Observational notes

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Screened by _____

**Middlebury-Monterey Language Academy
Health Care Recommendations by Licensed Medical Personnel
for Family Doctor to Complete**

Mail or fax by May 1 to
Middlebury-Monterey Language Academy, 72 S. Main St., #350
White River Junction, VT 05001
Fax: 802-296-2589

Student Name _____ Birthdate _____ Male___ Female _____

I have examined the above student. Date of most recent examination: _____

BP _____ Weight _____ Height _____

In my opinion, the above participant is ___ / is not ___ able to participate in an active Camp program.

The applicant is under the care of a physician or other healthcare provider for the following conditions:

Medications that are taken during the year that will not be taken while at Camp:

Current treatment at the time of this report includes: _____

Recommendations and Restrictions at Camp

Treatment to be continued at Camp (please be as specific as possible): _____

I authorize the following medications to be administered at Camp (name of drug, dosage, frequency): _____

Any medically-prescribed meal plan or dietary restrictions: _____

Known allergies: _____

Description of any limitation or restriction on Camp activities: _____

Additional information for health care staff at the Camp (please include any issues that might impact the child's Camp experience): _____

Which of the following has the participant had?

- | | |
|----------------|-------------|
| Measles | Hepatitis A |
| Chicken Pox | Hepatitis A |
| German Measles | Hepatitis B |
| Mumps | Hepatitis C |

Date of last TB Mantoux Test: _____

Result: Positive ___ Negative ___

Please give all dates of immunization for:

DTP _____

TD (tetanus/diphtheria) _____

Tetanus _____

Polio _____
MMR _____
or Measles _____
or Mumps _____
or Rubella _____
Haemophilus influenza B _____
Hepatitis B _____
Varicella (chicken pox) _____

Signature of Licensed Medical Personnel

Printed Name _____ Title

Address

Phone _____ Date
