



CAMP WAR EAGLE 2025 HEALTH CARD

This Health Card MUST be completed by Parent or Legal Guardian and reviewed by a certified and licensed M.D., N.P., P.A., or C.N.M. at time of examination.

CAMPER NAME: _____

DATE OF BIRTH: _____

Camp War Eagle Office Use Only		
RID _____	UID _____	Session _____

For all Camp War Eagle Programs: "Camper" is defined as any child participating in any Camp War Eagle program, including Camp War Eagle Overnight Camp, Summer Day Camp, Mobile Day Camp, and/or OZONE (collectively, "Camp War Eagle").

PARENT/GUARDIAN CONTACTS

PARENT/GUARDIAN	NAME	ADDRESS	CITY	STATE	ZIP	HOME PHONE	WORK PHONE	MOBILE PHONE
Mother/Guardian								
Father/Guardian								

If parents are not married to each other, please indicate who has legal custody: Mother _____ Father _____ Joint _____

EMERGENCY CONTACTS

If parents or legal guardians cannot be reached in event of an emergency, please notify:

RELATIONSHIP TO CAMPER	NAME	ADDRESS	CITY	STATE	ZIP	HOME PHONE	WORK PHONE	MOBILE PHONE

PRIMARY CARE PROVIDER

PROVIDER NAME	PROVIDER PRACTICE	ADDRESS	PHONE

INSURANCE or ARKids INFORMATION

Please check the box if you have no health insurance.

HOSPITALIZATION COMPANY	POLICY ID #	GROUP #	MEMBER ID #	PHONE
PRESCRIPTION COMPANY	POLICY ID #	RX PCN #	RX GROUP #	RX BIN #

Primary Insured Name: _____ Relationship to Camper: _____

IMMUNIZATIONS

Current immunizations are REQUIRED for camp attendance. No exceptions or exemptions. Complete below AND submit a copy of current shot record.

My camper's immunizations required for school attendance are up to date: Yes No

IMMUNIZATION	YES	NO	DATE
DTaP/Tdap (within last 10 years)			/ /
MMR			
Polio			
Varicella/Chicken Pox			
Hepatitis A			

IMMUNIZATION	YES	NO
Menactra (required for 7 th graders and older)		
Hepatitis B (optional)		
Influenza (optional)		
COVID-19 (optional)		
Other		

SUNSCREEN PERMISSION

I give my permission for Camp War Eagle personnel to provide and administer sunscreen products to my child during my child's participation in any Camp War Eagle program. Yes No (If no, please explain) _____

★ PARENT SIGNATURE - NO CHILD WILL BE ACCEPTED FOR ATTENDANCE WITHOUT A SIGNED HEALTH FORM

PARENT'S/LEGAL GUARDIAN'S HEALTH AUTHORIZATION: I hereby give my permission to the medical personnel selected by **Camp War Eagle** to obtain or provide routine or emergency health or medical care, to administer medications, both over the counter and prescription, to order X-rays and routine tests, to hospitalize, to test for illnesses or viruses, to 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 to or by **Camp War Eagle** or its designees of any and all records, X-rays, notes and any other medical information necessary for treatment, referral, or otherwise. If my camper does not have applicable or sufficient health insurance, or if my camper's health insurance is not accepted by local providers, for any reason, I will be fully responsible for payment. An online electronic signature of this form or handwritten signature on a paper version of this form is required for attendance. If I am signing this form electronically online, I agree the electronic signature affixed to this Parent Health Authorization is the legally binding equivalent of my handwritten signature.

★Parent/Legal Guardian's Signature _____ Date _____

COMPLETE AND SUBMIT THIS FORM TO CAMP WAR EAGLE



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CAMPER NAME: _____

DATE OF BIRTH: _____

HEALTH HISTORY

	YES	NO	DATES	IF YES, PLEASE EXPLAIN
Current Sleepwalking			N/A	
Current Bedwetting			N/A	
Current Ear Tubes			N/A	
Current Asthma				
History of Staph Infections <i>(please enter date of last occurrence)</i>				
History of orthopedic injuries/conditions <i>(please enter date of last occurrence)</i>				
History of head injuries/concussions <i>(please enter date of last occurrence)</i>				
Denied/restricted from sports for any reason in last 2 years.				
Past hospitalization or in-patient therapy <i>(please enter date of last occurrence)</i>				
Past surgery <i>(please enter date of last occurrence)</i>				
Cardiovascular condition				
Bleeding/blood disorder			N/A	
Seizures/epilepsy <i>(please enter date of last occurrence)</i>				
Diabetes			N/A	
Recurrent/chronic illness/other				
Traveled outside U.S. within 6 months of camp				
ADD/ADHD			N/A	
Has received therapy, counseling, or treatment for mental/emotional/behavioral difficulties				
Is currently receiving therapy, counseling, or treatment for mental/emotional/behavioral difficulties				
Asperger's, Autism, PDD			N/A	
History of or current treatment for self-harm or eating disorder <i>(please indicate if child is receiving or has received therapy or counseling)</i>				
Experienced a significant life event that continues to affect camper (history of abuse, death of loved one, family change, adoption, foster care, etc.)				
Had behavioral issues at school in last 2 years				
Other conditions/limitations/restrictions				
Other important health information				

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ALLERGIES *(Please list allergies that are medically verified by a physician -a separate allergy form must be completed for any allergy listed)*

NONE. Please check this box if camper has no known allergies.

ALLERGY	ALLERGY TYPE (circle one)	REACTIONS
	Medication Food Environmental Other	
	Medication Food Environmental Other	
	Medication Food Environmental Other	
	Medication Food Environmental Other	
	Medication Food Environmental Other	
	Medication Food Environmental Other	

Camp War Eagle does NOT currently offer vegetarian, dairy-free or other meal options currently, except for a gluten free option for an additional fee. (Cross contamination cannot be guaranteed.) Campers with dietary restrictions will be required to self-manage with the meals provided. Meal substitutions or alternative foods brought to overnight camp will NOT be accepted.

Notes:



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MEDICATIONS (PARENTS/GUARDIANS: PLEASE COMPLETE THIS SECTION)

Please complete all pages of this health card and list any medications that your camper will be taking at Camp War Eagle Overnight Camp. Attach additional sheets as necessary. **Please note that camper medications are NOT accepted at Day Camp, Mobile Day Camp, and/or OZONE.*

sample	Medication Name	Exact Dosage per pill, tsp or ml	# of pills, tsp, or mls taken each time	Times Taken (circle all that apply)					Reason for Taking
				Breakfast	Lunch	Dinner	Bedtime	As Needed	
	Claritin	10 mg	1 tablet					<input checked="" type="checkbox"/>	Allergies
1								<input type="checkbox"/>	
2								<input type="checkbox"/>	
3								<input type="checkbox"/>	
4								<input type="checkbox"/>	

Are there any routine medications your child will not be taking at overnight camp? If so, please describe: _____

2025 CAMPER PHYSICAL FORM (TO BE COMPLETED BY HEALTH PROVIDER)

This examination must be performed by a **certified and licensed physician (M.D., D.O.), nurse practitioner, or physician assistant within twenty-four (24) months of arrival** at Camp War Eagle. Examination for any purpose within this period is acceptable, however, the provider must complete and sign the Camp War Eagle Form. **School or athletic forms are not acceptable.** Examination is for determining fitness to engage in strenuous activities.

Height _____ Weight _____ Blood Pressure _____

	NORMAL	ABNORMAL	EXPLAIN
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ear/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen/Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Dental	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Posture (Spine)	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Hemoglobin (optional)	<input type="checkbox"/>	<input type="checkbox"/>	
Urinalysis (optional)	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	EXPLAIN
Glasses	<input type="checkbox"/>	<input type="checkbox"/>	
Current ear tubes	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes/Arthritis/Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Other Illness or Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Cognitive, mental or emotional condition	<input type="checkbox"/>	<input type="checkbox"/>	
Started menstruation or informed (*Females)	<input type="checkbox"/>	<input type="checkbox"/>	
Dietary restrictions (not all requests can be met)	<input type="checkbox"/>	<input type="checkbox"/>	
Special health considerations	<input type="checkbox"/>	<input type="checkbox"/>	
Restrictions from swimming/diving	<input type="checkbox"/>	<input type="checkbox"/>	
Restrictions from strenuous activity	<input type="checkbox"/>	<input type="checkbox"/>	
Other restrictions	<input type="checkbox"/>	<input type="checkbox"/>	

Allergies: _____

Notes: _____

ESSENTIAL ELIGIBILITY CRITERIA OF A CAMP WAR EAGLE CAMPER

Among other things, a successful camper must be able to, above all, **function independently** (does not require one-on-one supervision) in a remote, rustic environment for a one- to two-week time period **while living cooperatively with others**. Campers engage in activities both indoors (without air conditioning) and outdoors, on land and water in hot and humid conditions. Campers must be able to pay attention and follow instructions over a sustained period of time. The Camp War Eagle program is very active and physically challenging for campers. Daily activities include 1 hour of rigorous (often involving physical contact) team competition, and at least 3 hours of (mostly outdoor) group activities, some of which require physical stamina. Swimming can be in a lake with limited visibility and in a chlorinated pool. **If a camper has a seizure disorder or certain other chronic medical conditions, he/she must wear a lifejacket.** If a chronic medical condition exists, the camper must be capable of **"self-management"**. A camper must be able to effectively interact in a group-based or community living environment. If the camper appears to have any serious behavioral issues or special circumstances involving physical, psychological, social, or emotional impairments, the Camp Director should be notified of this **NOW**. If the camper has any health conditions or predispositions to health conditions which might place camper at a higher risk for severe illness upon exposure to or contracting COVID-19, the Camp Director should be notified of this. Children who cannot live independently and cooperatively with other children or those who pose safety issues in our environment cannot be accepted.

I have reviewed the ESSENTIAL ELIGIBILITY CRITERIA OF A CAMP WAR EAGLE CAMPER and have examined this child. I have reviewed this child's health history as disclosed in the Health Card by the child's parent or legal guardian and otherwise, and agree the information is accurate, with my additional comments. Other than any restrictions noted above, in my opinion, this child is fully able to engage in camp activities.

★ EXAMINING PROVIDER SIGNATURE _____ EXAM DATE _____

PRINT NAME OF PROVIDER _____ PHONE _____ E-MAIL _____

PARENTS: Check here if you would like to use the Physical Form on file from Camp War Eagle 2024. In order to use the Physical Form on file from Camp War Eagle, the physical form must have been completed within 24 months of arrival at Camp War Eagle 2025, AND the camper must not have suffered a serious health or medical condition that would change the results of the examination. It is at the sole discretion of the Camp War Eagle Staff to require a physical examination to be performed within twelve months of Camp. You will be notified if required to provide an updated physical. **If you would like to use the Physical Form on file from 2024, you still must complete all other sections of the 2025 Health Card.**

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