THE OHIO FORESTRY ASSOCIATION, INC.
FORESTRY CAMP
1100-H Brandywine Blvd. ● Zanesville, OH 43701
Phone: 888-388-7337 ● Fax: 740-452-2552
E-mail: Info@OhioForest.org ● www.OhioForest.org

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____@ _____

Date of Birth: ____/____/____ Age:_____ Sex ☐ M ☐ F

Parents/Legal Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of two alternates (relatives or friends) who may be contacted in case parent or legal guardian cannot be reached during an emergency.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Family Physician: _____ Phone: _____

Date last seen by a physician: ____/____/____ Reason: _____

Give name and identification number of hospital/medical insurance

Policy #: _____ Policyholder: _____

If participant has been under the care of a physician within the past 12 months or if there is any question about activity restriction, attach a statement from a physician indicating restrictions and noting any pertinent recommendations.

General Health and Medical History

1. Handicap: Do you have any limiting disabilities or conditions (temporary or permanent) that could limit your participation? If yes, please explain: _____

2. Any operations, serious injuries or chronic illness? If yes, please specify: _____

3. Have you had any of the communicable diseases listed below?

☐ Measles ☐ Chicken Pox ☐ Mumps ☐ German Measles (Rubella)

4. List the year of last immunization or booster for the following:

Tetanus Toxoid _____ German Measles _____ Diptheria _____ Polio _____

Other _____

5. Name any know allergies: (include foods, drugs, plants, animals, insects and other) _____

_____

Explain reaction and indicate medication/treatment used: _____

_____

6. Please indicate any special dietary needs: _____

7. Are you prone to any of the following conditions: ☐ Fainting ☐ Convulsions ☐ Stomach upsets

☐ Frequent Headaches ☐ High blood pressure ☐ Restlessness or sleepwalking

☐ Asthma or respiratory problems ☐Heart problems ☐ Ear Infections

☐ Hay Fever ☐ Rheumatic fever ☐ Penicillin reaction

☐ Insect stings ☐ Diabetes ☐Ivy poisoning

☐ Other drug reactions ☐ Other (please specify) _____

If you have checked any of the items above, please give details: _____

_____

Continued on Reverse

It is a state law that all medication must be in the original container when bringing to camp. All medication must be turned in to nurse. (except in special circumstances with permission by nurse)

8. List medication(s) and use, including insulin. (Must be in original container with prescription and/or store label!)

Medication _____ Used for _____ _____

When taken _____ Dosage _____ _____

Medication _____ Used for _____ _____

When taken _____ Dosage _____ _____

Medication _____ Used for _____ _____

When taken _____ Dosage _____ _____

Do you need any help with medication? ☐ Yes ☐ No Is refridgeration needed? ☐ Yes ☐ No

Please explain help needed: _____

9. Any known physical, mental, social difficulties or other special information which may affect participation and/or for which special consideration should be given? ☐ Yes ☐ No

If yes, please explain: _____

_____

10. Any prior activity restrictions? ☐ Yes ☐ No

If yes, please explain: _____

Please check the items that camp personnel have permission to administer to your child:

☐ Ice Pack for fever ☐ Tylenol for minor pain ☐ Splinters removed

☐ Ivy lotion ☐ Topical antiseptic ☐ Band-aids

☐ Cleansing of minor abrasions with soap and water

☐ Other, please specify: _____

With my parents, I have completed the above information and will assume responsibility for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well-being while participating in this program.

Signature (youth) _____ Date__ _____

We hereby make application to enroll our son/daughter in the Ohio Forestry Camp expecting that all normal precautions will be taken to ensure his/her health, safety and well being. We understand that the camp fee does not include accident insurance and that no liability is assumed by the Ohio Forestry Association, Inc. or Offinger Management Co.

The above health history is correct so far as we know, and the person herein described has permission to engage in all Forestry Camp activities except as noted by ourselves and the examining physician. In the event we cannot be reached in an emerency, we hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery in a life-saving situation for our child while at the Ohio Forestry Camp.

Signature (mother) _____ Date _____

Signature (father) _____ Date _____

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Carollton, OH 44615-9246
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Fax: 330-627-4485

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