Barton Day Ca	imp Session:
Rainbow	Boston
Worcester	Western NE
Mt. Sinai/Bart	on
Long Island 1	Long Island 2

The Barton Center for Diabetes Education, Inc. PO Box 356, North Oxford, MA 01537 (508) 987-2056 www.bartoncenter.org

2014 HEALTH FORM – Day Camper

			zwy cwarper	
				Middle Initial:
Address:				Zip:
Date of Birth:	Age:	Gender:	<u></u>	
Primary Health Care Provider	::			
Mailing Address:			Phor	ne:
Primary Diabetes Care Provid	ler:			
Mailing Address:			Phor	ne:
Mental Health Provider				
				ne:
Dentist:				
Mailing Address:			Phor	ne:
EMERGENCY CONTACT	INFORMAT	ION:		
Name:	Relat	ionship:	Pho	one:
OR Name:	R	elationship:		Phone:
PLEASE PROVIDE COPII	ES OF FRONT	T <u>AND BACK</u> OF ALI	L INSURANCE <u>AN</u>	D PRESCRIPTION CARDS.
IMMUNIZATION RECOR	D: Please init	ial if attached:		
Tetanus	Meningoco	ccal Int	luenza	Pneumococcal
Hepatitis B		Poliovirus		
Varicella	Hepatitis A	TE	s test	
2				
MEDICAL HISTORY: Medica	tions (other th	an insulin):		
Medication		Dosage		Time
1.				
2.				
3.				
4.				
5.				
6.				
Supplements: (please list vit	amins, minera	ls, herbs, and homeopa	thic remedies)	
1.				
2.				
3.				
4.				

Name:

Allergies:

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Mt. Sinai/Barto	on	
Long Island 1	_Long Island 2	

			Allergy	Reaction	
Medication: 1.					
2.					
3.					
Environment 1.					
2.					
Food: <u>1.</u>					
2.					
CHILDHOOD II	LLNESSES:				
	ADD/ADHD	No	Yes	Asthma N	lo Yes
	Anxiety	No	Yes	Eating Disorder N	No Yes
	Depression	No	Yes	č i	Vo Yes
	Bedwetting	No	Yes	1 0	Vo Yes
	Constipation DKA	No No	Yes Yes		No Yes No Yes
	DKA	110	105	Severe low blood sugar	io ics
If Yes, tell us abou	ut it:				
Most Recent A1C		Date		How does your child manage his/her diabete	 es?
SERIOUS INJURIES	S AND/OR ACCID			Tourstone	
SERIOUS INJURIES Type	S AND/OR ACCID	ENTS Da	te	Treatment	
	S AND/OR ACCID		te	Treatment ————————————————————————————————————	
	S AND/OR ACCID		te	Treatment	
	S AND/OR ACCID		te	Treatment	
		Da 			
Type Medical or Emotion		Da ATIONS			
Type Medical or Emotion	onal HOSPITALIZ	Da ATIONS		/COUNSELING	
Type Medical or Emotion	onal HOSPITALIZ	Da ATIONS		/COUNSELING	
Type Medical or Emotion	onal HOSPITALIZ ason for Hospital	ATIONS	S/SURGERIES	C/COUNSELING Date	
Type Medical or Emotion	onal HOSPITALIZ	ATIONS	S/SURGERIES	C/COUNSELING Date	
Medical or Emoti	onal HOSPITALIZ ason for Hospital	ATIONS	S/SURGERIES	Date	2 MES NO
Medical or Emoti Re	onal HOSPITALIZ ason for Hospital sion to speak witl	ATIONS ization	S/SURGERIES	Date I health/diabetes/other health care providers	
Medical or Emotion Reserves Do we have permissing authorize The Bart	onal HOSPITALIZ ason for Hospital sion to speak with	ATIONS ization h your oabetes E	child's menta	Date I health/diabetes/other health care providers c. to release or receive all medical records, for	r the above-named
Medical or Emotion Reserves Do we have permissing authorize The Bart	onal HOSPITALIZ ason for Hospital sion to speak with	ATIONS ization h your oabetes E	child's menta	Date I health/diabetes/other health care providers	r the above-named
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Medical or Emotion Resemble Services The Bart camper, including by the service services the services and the services and the services are services as the services are services are services as the services are services as the services are services as the services are services	onal HOSPITALIZA ason for Hospital sion to speak with ton Center for Dia but not limited to ssion to the healt ealth of my child, vider selected by	ATIONS ization h your of those recording the care in t	child's menta Education, In ecords perta provider sele the event I comp Physician	Date Date I health/diabetes/other health care providers c. to release or receive all medical records, for ining to substance abuse and emotional or medical by the Camp Physician to order X-rays, recannot be reached in an emergency, I hereby go to hospitalize, secure proper treatment for, a	r the above-named ental health. outine tests, and give permission to
Medical or Emotion Resemble 1 authorize The Bart camper, including by the second injection and/or and injection a	onal HOSPITALIZ ason for Hospital sion to speak with ton Center for Dia out not limited to ssion to the healt ealth of my child, vider selected by esthesia and/or s	ATIONS ization h your of those recommending the Care urgery	child's menta Education, In ecords perta provider sele the event I c mp Physician for my child a	Date Date I health/diabetes/other health care providers c. to release or receive all medical records, for ining to substance abuse and emotional or medical by the Camp Physician to order X-rays, recannot be reached in an emergency, I hereby go to hospitalize, secure proper treatment for, a	r the above-named ental health. outine tests, and give permission to and to order