



## 2017 VILLAGER HEALTH HISTORY SUMMER YOUTH PROGRAMS

Please upload this form to your MyVillage account or mail to:

Concordia Language Villages Health Services  
8630 Thorsonveien NE  
Bemidji, MN 56601

- It is crucial to receive adequate and complete information about your villager to provide a supportive environment. We do rely on you to tell us what we need to know about your villager.
- Form must be completed annually and signed by a custodial parent/guardian.
- Our healthcare and leadership staff have access to the information on this form.
- Keep a copy of the completed form; notify Health Services department of changes in writing.**
- Send a copy of this health form with your villager, to have accessible during transportation to and from the Language Villages.**
- Questions? Contact Health Services at:**  
P: (218) 586-8771, E: health@cord.edu, F: (218) 586-8770

**\* Asthma, Diabetes, Seizure Disorder or Anaphylaxis?**  
Complete an additional form available online at [www.ConcordiaLanguageVillages.org](http://www.ConcordiaLanguageVillages.org)

**Parent/Guardian please fill in.**

Session Code

Villager's Name \_\_\_\_\_  
First Middle Last

Sex: M  F  Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Month Day Year

**PARENT CONTACT INFORMATION:** We will contact you in an emergency or if we have questions about your child. Provide the following contact information for us to use during your child's village session:

Custodial Adult A: \_\_\_\_\_ Custodial Adult B: \_\_\_\_\_

Relationship to Villager: \_\_\_\_\_ Relationship to Villager: \_\_\_\_\_

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Preferred Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Custodial Adult Email Address: \_\_\_\_\_

Custodial Adult Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Is this address also the villager's address?.....  Yes  No  
Is this the villager's first time at the Language Villages?.....  Yes  No

**Allergies:** Check those that apply to this villager.

- This villager has no known allergies.
- This villager is allergic to this food(s): \_\_\_\_\_  
Causes anaphylaxis?  Yes\*  No  
Describe the reaction if this food is eaten and what is done to manage it: \_\_\_\_\_
- This villager is allergic to this medication(s): \_\_\_\_\_  
Causes anaphylaxis?  Yes\*  No  
Describe the reaction and how it is managed: \_\_\_\_\_
- This villager is allergic to the following: \_\_\_\_\_  
Causes anaphylaxis?  Yes\*  No  
Describe the reaction and what is done to manage it (attach additional information if needed): \_\_\_\_\_

**Nutrition:** Our kitchens prepare foods representing a variety of cultures; be sure your villager is ready to explore various foods. We can work with some medically verified diets but do not cater to individual food preferences. Call if you have questions about your villager's diet.

- This villager eats a regular diet and is prepared to eat foods of different cultures.
- This villager is the following type of vegetarian:
  - Semi-vegetarian (no pork or beef)
  - Pesco (no pork, beef or chicken)
  - Lacto-ovo (no beef, pork, chicken, seafood or fish)
  - Lacto (no meats, fish, seafood or eggs)
  - Ovo (no meats, fish, seafood or dairy)
  - Vegan (no meats, seafood, eggs or dairy)
- This villager needs a gluten-free meal plan.  This villager does not eat pork.
- This villager is lactose-intolerant. Note: our expectation is that the villager self-manages using products such as Lactaid.

**Chronic Health Concerns:** check those that pertain to this villager and describe how you handle this at home.

- This villager has no chronic health concerns and is capable of full participation in the program.
- This villager has the following chronic health concern(s):
  - Asthma\*
  - Headaches
  - Sleepwalking
  - Diabetes\*
  - Other (describe below)
  - Bedwetting
  - Menstrual Cramps
  - Frequent Ear Infections
  - Fainting
  - Encopresis
  - Seizure Disorder\*
  - Frequent Colds
  - Surgical History of Consequence

Information about items above (attach additional information if needed): \_\_\_\_\_

**Immunization History:** Attach a copy of your child's clinic/school immunization record. Provide the MONTH and YEAR for your child's most current tetanus immunization.

Immunization	Date: Month & Year
Tetanus Booster (within 10 years)	

If your child has not been immunized, please explain why and/or attach supporting documentation. \_\_\_\_\_

**Medication:** "Medication" is any substance a person takes to maintain and/or improve his or her health and includes vitamins and homeopathic remedies.

- This villager will not take any daily medications while attending the Language Villages.
- This villager will take the following medication(s) while attending the Language Villages. Bring enough of each medication to last the entire session. Villagers taking meds for psychiatric reasons should be on the same medication at the same dose for the three months prior to their Village arrival.

**Note: ALL medications and supplements must arrive in the original, appropriately labeled pharmacy containers (as described in the parent handbook).**

Name of Medication	Reasons for Taking It	Dose Given & When	Date Started?
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Evening Meal Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	

The following medications are stocked in the Village health center and are used to manage illness and injury as directed by our medical protocols.

**Cross out those your villager should NOT be given.**

Acetaminophen (e.g. Tylenol)	Bismuth tabs (e.g. Pepto-Bismol)	Diphenhydramine (e.g. Benadryl)	Ibuprofen	Nix
Analgesic Rub (e.g. Aspercreme)	Calamine lotion	Generic cough drops	Ivy Dry	Silver Sulfadiazine
Antacid (e.g. Maalox)	Chlorpheniramine Maleate (allergy medication)	Guaifenesin DM (cough syrup)	Loratadine	Triple Antibiotic Cream
Antifungal (e.g. Tolfnate)	Decongestant (e.g. Pseudoephedrine)	Hydrocortisone Cream	Naproxen (e.g. Aleve)	Senna

Deer ticks (*Ixodes scapularis*) have the ability to carry Lyme Disease. Per our supervising physician's medical protocol, nurses (RNs) at the Language Villages can, with custodial adult permission, administer a preventative oral dose of Doxycycline (antibiotic) after removal of an attached suspected deer tick at the Health Center. This is not indicated for a villager already taking a tetracycline antibiotic for other reasons.

Please check the appropriate box below:

Yes  No Do we have your permission, after removing an attached suspected deer tick, to administer a 200mg oral dose (capsule) of Doxycycline to your villager as a preventative measure against Lyme Disease? *Note: your villager must be able to swallow capsules.*

**General History:** Check "Yes" or "No" for each statement

- This villager has had mononucleosis ("mono") during the past school year .....  Yes  No
- This villager is free of illness, injury or physical challenges that would affect program participation .....  Yes  No
- This villager has piercings.....  Yes  No  
If so, where?  Ears  Eyebrow  Nose  Belly Button  Tongue  Nipple  Other: \_\_\_\_\_
- For girls: this villager knows about menstruation and/or has a normal menstrual history.....  Yes  No
- This villager has been in countries outside the United States in the past nine months.....  Yes  No  
If "Yes," list the countries and the length of time spent in each.

Country: \_\_\_\_\_

Country: \_\_\_\_\_

Dates: \_\_\_\_\_

Dates: \_\_\_\_\_

Name of Villager

**Mental, Emotional, Learning and Social Health:** Check "Yes" or "No" for each statement. See **Parent Handbook** for more information.

1. This villager has been diagnosed with a condition that impacts learning (e.g. ADHD, sensory processing problem) .....  Yes  No
2. This villager has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder .....  Yes  No
3. This villager has an emotional health concern (specify \_\_\_\_\_) .....  Yes  No
4. During the past academic year, this villager saw or is currently seeing a professional to address mental, emotional, or social health concerns .....  Yes  No

If "yes" was the answer to any of the four statements above, attach a statement from your villager's professional (e.g., psychiatrist, physician) that addresses the following three things:

- (a) Describes the concern and the villager's management plan (including medication) while in our program;
- (b) Describes the behaviors that will indicate to our staff that your villager needs professional referral; and
- (c) Provides a recommendation for the villager's participation in the Language Villages program.

5. This villager has had a significant life event that continues to affect the villager's life .....  Yes  No  
 If "Yes," please attach written information about the event – death of a loved one, family change, adoption, new sibling, survived a disaster – its impact upon your villager's life, and care tips for the villager's cabin staff. Keep in mind, our staff are generally college students.

**What Have We Forgotten to Ask?** Provide additional information about your child's health and learning style that may have been neglected on this form. We are particularly interested in information that has impact upon your child's ability to fully participate in our program. Attach additional information if needed.

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**Billing Information for Healthcare:** Parent/guardians are financially responsible for healthcare given by an out-of-Village provider.

To whom should healthcare bills be sent?

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_

- It is your responsibility to manage your health insurance; our staff may not do this.
- Call your insurance company; determine if your insurance will "work" while your villager is in our program and/or what you need to do should your villager need out-of-village healthcare.
- Please instruct your villager if your insurance requires a copay.
- We will have you call our pharmacy with your credit card number if we anticipate that a prescription will be needed.

If your villager has health insurance:

Name of person who holds the policy: \_\_\_\_\_ Birth date of this person: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Insurance Company: \_\_\_\_\_

*If appropriate, attach a front and back copy of your child's health insurance card.*

**When You Aren't Available** – If we cannot reach you, provide contact information for other people who know your villager and with whom we can consult. We assume you have spoken to these alternative contacts and they are willing to assist should the need arise.

Alternate contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship to villager: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship to villager: \_\_\_\_\_

Villager's Physician: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_

Villager's Orthodontist: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Authorization for Healthcare:**

This health history is complete, correct and accurately reflects the health status of the villager to which it pertains. The person described has permission to participate in all Village activities except as noted by me and/or the examining physician. I give permission to the physician selected by Concordia Language Villages to order x-rays, routine test and treatment related to the health of my child for both routine healthcare and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with Language Villages staff. I give permission to photocopy this form. In addition, the Language Villages has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of custodial parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to villager: \_\_\_\_\_

Send this completed Health History to our office **NOW**. Keep a copy to record changes in your villager's health status. We are interested in providing good healthcare to your villager. If having a physician complete the enclosed **Medical Recommendation** would help us do that, please have your medical provider complete it. Questions? Contact Health Services by calling 218-586-8771 or e-mailing health@cord.edu.

