

Part Two --- Health Information

Frequent Ear Infections Asthma Diabetes Heart Defect
 Convulsions Epilepsy Hyperactivity ADD
 ADHD Bedwetting Sleepwalking

Allergies:

Penicillin Aspirin Serious Poison Ivy Bee Stings
 Hay Fever Food Allergies Other (specify):

Immunizations: All immunizations must be up to date. Indicated dates of basic immunization or most recent booster.

_____ DPT _____ Polio _____ Measles

_____ Current Tetanus (If date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster." _____)

Operations, Serious or Chronic Illnesses:

Dietary Modifications While At Camp:

Prescription/Over-the –Counter Medications Camper Brings To Camp:

(include instructions)

Part Three --- Health Examination Record

This health history record is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me. I also attest that the person herein described has had a medical examination within the past 24 months.

Date of Last Physical _____

Physical Restrictions: While At Camp:

Description of any current physical or psychological condition requiring medication, treatment or special restrictions or considerations while at camp:

Parent's Signature _____ Date _____

Name & Phone # of Family Physician _____

CAMPER NAME _____

WEEK _____ CABIN _____

FOR OFFICE USE ONLY

INITIAL HEALTH SCREENING CHECK

- | | |
|---|---|
| <input type="checkbox"/> Review of health history | <input type="checkbox"/> Observable evidence of illness, injury, communicable disease |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Restrictions while at camp |
| <input type="checkbox"/> Current medications | <input type="checkbox"/> Check for parental signature |

Camp Health Supervisor Signature

Date

CAMPER MEDICATIONS WHILE AT CAMP

All medications (prescribed and over-the-counter ointments, pills, etc.) must be left with the health supervisor at the time of camper check-in at registration. In order to ensure that your camper receives medications as you instruct, we ask that you fill in the form below. Be sure to list instructions for all medications you leave.

Medications	Dose Amount	Time(s) to be given
0. <u>Water</u> _____	<u>2 tablespoons</u> _____	<u>As needed</u> _____
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

This person may take, under the health supervisor's or designee's supervision, the following medications or generic equivalents (as directed on label) on an as needed basis to manage illness and injury:

- Tylenol
- Ibuprofen
- Benadryl (for swollen bee stings)
- Antibiotic Cream
- Aloe, Solarcane (for sunburn)
- Calamine lotion (for poison ivy)
- Generic cough/sore throat lozenges

X _____
Parent/Guardian Signature

Date