

Medical Form

INSURANCE & TREATMENT RELEASE

"In case of medical emergency, I authorize Poplar Point Camp or a representative of the C&MA Southern District camp staff to call a doctor or practitioner to administer medical aid and treatment for my child at any time when they believe an emergency exists."

Parent/Guardian Signature

Date

Insurance Company: _____

Policy #: _____ Home #: _____

Relative#: _____ Cell#: _____

Other#: _____

ALLERGIES, MEDICATIONS & PRESCRIPTIONS

1. Is your child allergic to: Nuts Dairy Products Bee Stings Hay/Straw Penicillin
 Other: _____
2. Does your child have any life-threatening allergies? (If yes, please list) _____
3. Is your child bringing any medication with him/her? (If yes, please list) _____

4. Please list any physical, emotional, mental or behavioral concerns or limitation that our staff should be aware of: _____

5. Has your child ever had: Seizures Heart Disease Diabetes Asthma
 Homesickness Other: _____

6. Does your child use an inhaler? Yes No

7. Date of last tetanus shot _____

FIRST-AID PREFERENCES

This form helps our nurse provide care for your child for the following symptoms. You may check more than one item. Please administer the following to my child for these conditions:

1. For headache: Tylenol Ibuprofen Nothing
2. For fever: Tylenol Ibuprofen (Parents will be contacted if fever is above 100.4 for 24 hours or appears infectious)
3. For nausea or upset stomach: Maalox Cola Syrup Tums
(Parents will be contacted if condition persists or if it appears to be infectious)
4. For minor sore throat or cough without fever: Tylenol Robitussin Throat Lozenges
 Chloraseptic Spray Salt Water Gargle
5. For stuffy/runny nose: Sudafed Benadryl Tylenol Sinus Tylenol Cold
6. For constipation: Colace (stool softener) Metamucil Graham Crackers
7. For diarrhea: Pepto Bismol Kaopectate Immodium AD Clear liquids only
8. For minor cuts and abrasions is it OK to use antibiotic ointment along with normal cleansing and covering of wound? Yes No
9. For insect bites or bee stings with localized reaction is Benadryl OK? Yes No
10. Please attach a note with any other health care treatments that may be needed while at camp.

Medical Form (cont.)

MEDICATION TO ADMINISTER RELEASE FORM

All campers under the age of 18 years old who bring prescription or over-the-counter medications to be taken at camp require a Medication Authorization Form on file. A Medication Authorization Form must be completed and signed by the parent/guardian for over-the-counter medications or parent/guardian and Doctor or Nurse Practitioner for prescription medications. Campers may not keep and take medications on their own (exceptions are made for asthma inhalers and Epi pens as indicated below in the health care provider section). All medications are to be given to the Camp Nurse at the time of registration. All over-the-counter medications must be received in the original package containing directions for dosage. All prescription medications must be received in the original pharmacy bottle labeled with the camper’s name and a current expiration date. NO MEDICATION WILL BE RECEIVED OR ADMINISTERED IF BROUGHT IN A PILL ORGANIZER, BAGGIE OR OTHER CONTAINER. This authorization is valid for the camp year 2018. Any additions or changes in medication, dosage, or time of administration require a new form completed and signed by the parent/guardian and health care provider.

I, the undersigned as legal parent/guardian of

_____, Name of Child request the Camp Nurse (or designee) to administer the following listed medication(s) to my child. I authorize, as needed, the sharing of information related to my child’s health between the Camp Nurse (or designee) and the health care provider listed below. _____.

Name of Child’s Physician I hereby instruct the Camp Nurse (or designee) to assist the above camper in taking:

Medication: _____

Medication: _____

Dosage: _____

Dosage: _____

Time(s): _____

Time(s): _____

Diagnosis/Condition: _____

Diagnosis/Condition: _____

Parent/Guardian Signature

Date