

2021 Summer Camp Medical Form: Required for Everyone Attending Camp (2 sides)

This form must be filled out and signed by a parent for EVERY camper and counselor. All medications, whether over-the-counter or prescription, must be turned in to your Youth Minister in a gallon-sized bag (one bag per child) clearly marked with your child's name.

Camper's Full Name _____ Date of Birth _____

Allergies: Yes / No If yes, please list. (Medicine, Food, Seasonal or Other) _____

First number to call in an Emergency _____ Name _____

Second Emergency contact number _____ Name _____

I give camp staff permission to administer the following **over the counter medications**:

Tylenol-Acetaminophen Advil-Ibuprofen Other (Please list and send with camper)

Acetaminophen and Ibuprofen are available at camp. _____

My child has permission to carry Epi-pen Inhaler

Please check and sign _____ Date _____

Daily Prescription Medications (Please attach notes if necessary)

Name of Medication: _____ Dosage: _____ Time Taken: _____

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Name of Medication: _____ Dosage: _____ Time Taken: _____

Name of Medication: _____ Dosage: _____ Time Taken: _____

Name of Medication: _____ Dosage: _____ Time Taken: _____

Name of Medication: _____ Dosage: _____ Time Taken: _____

Date																
Medication																
	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.
AM																
Noon																
PM																
Bedtime																

Date																
Medication																
	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.	Dose	Int.
AM																
Noon																
PM																
Bedtime																

Prescription medication must be sent in their original containers. We cannot allow your child to attend camp if you do not provide us with the information requested and follow camp procedures regarding medications. These procedures are in place to protect your child and protect our volunteer nurse. Use additional page if needed to list medication, instructions, etc.

Parent Signature _____ Date: _____

Camp Nurse on Duty: _____

2021 Summer Camp Medical Form (side 2)

How does your family treat common ailments?

Stomach ache: _____ Headache: _____

Other: _____

My teen's last tetanus shot was (Date) _____

Insurance Information

Policy in the name of: _____

Insurance Company Name: _____ Group # _____

Please indicate any special instructions, or information we may need in an emergency:

I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly.

Signature of Youth

Date

Print Name

Date

Signature of Parent or Guardian

Date

Print Name

Date