

## HEALTH CERTIFICATION AND MEDICAL FORM CAMP

Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Camper's Age \_\_\_\_\_ Camper's Height \_\_\_\_\_ Camper's Weight \_\_\_\_\_

Drug/Food/Any Other Allergies \_\_\_\_\_

Allergy to bee stings? \_\_\_\_\_ Comments: \_\_\_\_\_

Does camper have any other special needs? \_\_\_\_\_

Does camper have any activity limitations? Yes or No \_\_\_\_\_

If yes, please fill out our **Activity Restriction Form**

Is child taking any type of medications at home? Yes or No \_\_\_\_\_

If yes, please list the medication(s) \_\_\_\_\_

**If the child requires the nursing office to give or hold any medications, please fill out the Medication Policy and Order Form. All medication has to come in the original box with a valid expiration date.**

**I give permission for the camp nurse or administrator responsible to give the medication checked "yes" below. Prior to giving any oral medication, every attempt will be made to contact a parent or guardian. If unsuccessful, the medication will be given according to the recommended weight/age dosages listed on the product label. The parent will be notified in writing.**

**Please circle YES or NO**

yes	no	Tylenol (Acetaminophen) for pain or fever.
yes	no	Children's Advil / Motrin (Ibuprofen) for pain, fever, or inflammation.
yes	no	Benadryl (Antihistamine) as needed for bee stings or allergic reactions.
yes	no	Tums (Antacid) for upset stomach as needed.
yes	no	Benadryl Itch Cooling Spray
yes	no	Hydrocortisone Cream 1% as needed for itching

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ye s	no	Antibiotic Ointment as needed for minor wounds
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Parent's Name \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_