



Day Camp Health History & OTC Medications

form #872 • 12/11 • page 1 of 1

Adult Camper

Name _____ Date of Birth _____ Sex _____ Age _____
 Address _____ City _____ State _____ ZIP _____
 Parent/Guardian Name(s) _____
 Primary Phone (_____) _____ Secondary Phone (_____) _____
 Family Medical/Hospital Insurance Carrier _____ Policy or Group # _____
 Emergency Contact #1: Name _____ Relationship _____
 Daytime Phone (_____) _____ Evening Phone (_____) _____
 Emergency Contact #2: Name _____ Relationship _____
 Daytime Phone (_____) _____ Evening Phone (_____) _____

Health History Record (Check all that apply)

Chronic or recurring illnesses:

- Heart Defect / Disease _____
- Seizures _____
- Bleeding / Clotting _____
- Asthma _____
- Diabetes _____
- Other (specify) _____

Any restrictions concerning physical activities?

- No Yes. Please describe any conditions:

Any other relevant health concerns? _____

Allergies:

- Food, Nuts _____
- Insect Stings _____
- Medicine / Drugs _____
- Other (specify) _____

Special dietary restrictions? _____

Tetanus Date of last booster? (year) _____

Please list any medications taken on a daily basis, including over-the-counter medications: _____

Please list any conditions we should be aware of (cognitive, developmental, emotional or behavioral) to make camp a more positive experience for your camper

Camper Only - Over-the-Counter Medications

According to our *Day Camp Protocols and Health Care Procedures*, our health care staff can administer certain types of over-the-counter (OTC) medications. In order for your camper to be able to receive these, we need to have a parent/guardian signature.

Check box if camper **MAY RECEIVE** any of the following OTC medications:

- Acetaminophen (Tylenol or generic)
- OTC Antacid (Tums)
- Ibuprofen (Advil or generic)
- Calamine lotion
- Diphenhydramine (Benadryl or generic)
- Antibiotic Ointment
- Non-medicated cough drops
- Sunscreen (without PABA, minimum SPF 30)
- Insect repellent (may contain up to 15% DEET)
- Hydrocortisone

Weight of child for dosage purposes:

(Unchecked boxes means camper MAY NOT receive that medication.)

Camper

I/we verify that this health history is complete and accurate. My child has permission to engage in all prescribed activities, except as noted by me. In case of illness or injury, I/we give permission for her/him to receive first aid and to receive emergency treatment from a licensed physician, emergency medical services or other health care professional. It is understood that all reasonable efforts will be made to contact the parent or guardian. I/we verify my child has my permission to receive the above-mentioned over-the-counter medications.

Signature of Parent(s)/Guardian _____ Date _____

Adult

I verify that this health history is complete and accurate. I am able to engage in all prescribed activities, except as noted.

Signature of Adult _____ Date _____



Day Camp Medication Permission
form #873 • 01/16 • page 1 of 1

Day camp staff cannot distribute medications to campers, whether over-the-counter or prescription, without parent or guardian permission. In order for the day camp health supervisor to give any medication brought from home to campers, a signed copy of this completed form must be on file with the day camp.

Camper Name _____

Parent/Guardian Name(s) _____

Prescription and Over-the-Counter Medications from Home

If there are any medications brought from home that your camper may need at camp, please provide these in original packaging with doctor/parent instructions at the start of camp.

Medication	Instructions for Administration

_____ (*insert camper's name*) has my permission to receive the above mentioned over-the-counter and/or prescription medications.

Signature of Parent/Guardian _____

Date _____