Camper Medical Form

Camper Information			
Legal First & Last Name			
Preferred or Nickname			
Street Address		City, State	Zip Code
Camper's Email (or NA)		Camper's Cell (or NA)	
Birthdate	Age on 7/28/24	Last Grade of School Completed	
Health Insurance Carrier and Policy/Group #		Name of Insured	
Camper's Physician		Physician's Phone Number	

EMERGENCY	1st Contact	2nd Contact	3rd Contact
Name			
Relationship to Camper			
Primary Phone			
Alternate Phone			

General Health Information

If you check yes to any of the items below, please explain in the comment section as needed.

Check the box if the camper has or does:

- ☐ Had any recent injury, illness, or disease?
- ☐ Have a chronic or recurring illness/condition?
- ☐ Ever been hospitalized?
- ☐ Have frequent headaches?
- ☐ Ever had a seizure?
- ☐ Have diabetes?
- ☐ Have asthma?
- ☐ Ever had high blood pressure?
- ☐ Had mononucleosis in the last 12 months?
- ☐ Ever had frequent ear infections?
- ☐ Have a bleeding or clotting disorder?
- ☐ Ever been diagnosed with a heart defect/disease?
- ☐ Wear glasses, contacts, or protective eyewear?
- ☐ Brought an orthodontic appliance to camp?
- ☐ Have problems with sleepwalking?
- ☐ Have a history of bedwetting?
- ☐ Ever had an eating disorder?
- ☐ Ever been treated for emotional difficulties?
- ☐ Any physical condition requiring restrictions on participation in the camp program?
- ☐ If applicable, have they started menstruating?
  - ☐ If no, have they been told about menstruation?

Date of Last COVID Vaccine	Date of Last Tetanus Vaccine	Date of Last Medical Exam

All Other Immunizations are Up to Date (If no, explain below)		**If there is an outbreak of a communicable disease at camp, parents of non-immunized campers will be asked to come and pick up their children to reduce the risk of exposure.**
☐ Yes	☐ No	

Comments:

Dietary Information		
Camper eats a regular, varied diet.	☐ Yes	☐ No
Camper is lactose intolerant.	☐ Yes	☐ No
Camper is vegetarian.	☐ Yes	☐ No
Other		

Allergies: Please Explain	
Medications	
Foods	
Insects/Environmental	

Medications

☐ My child will NOT be bringing any medication (prescription or non-prescription)

☐ My child will be be bringing the following (prescription and non-prescription) medication **in its original container labeled with the child's name** as detailed below:

All medication will be turned over to the assigned camp staff member who will be responsible for administering meds as needed. If you need to provide more instructions than this form allows, please email ambern@abcmc.org before camp begins.

Medication	Dose	Time	Reason for Taking Med

Consent for Administering Over-The-Counter Medications

In order to continue to provide the best care we can for our campers we are requesting that the parent or guardian of each camper review the list of over-the-counter medications that may be stocked in the first aid kit. These medications are used when campers have complaints/illnesses for which they have no prescription medications available to them. (Example: Headache- we may give acetaminophen (Tylenol), dosage: appropriate for age/weight. YOUR CONSENT MUST BE OBTAINED BEFORE ANY MEDICATION IS GIVEN TO YOUR CHILD.

Check the box for YES, my child can take this medicine.		
Acetaminophen (Tylenol)	Pain relief, fever, headache	☑ Yes
Diphenhydramine (Benedryl)	Allergic reactions, severe itching, allergies	☑ Yes
Ibuprofen	Swelling, pain relief, fever, headache	☑ Yes
Dextromethorphan/ Guaifenesin (Robitussin)	Cough suppressant and expectorant	☑ Yes
Menthol Cough Drops	Dry cough, sore throat	☐ Yes
Glucose Tablets	Low blood sugar	☐ Yes
Oral Rehydration Salts (Pedialyte)	Dehydration, heat exhaustion	☐ Yes
Naloxone Spray	Loss of consciousness due to suspected overdose	☐ Yes
Epinephrine (EpiPen)	Anaphylactic shock (severe allergic reactions)	☐ Yes
Aloe Vera Gel	Burns	☐ Yes
Antibiotic Ointment	Scrapes, cuts, skin disruptions	☐ Yes
Hydrocortisone Cream	Topical Anti-itch	☐ Yes
Clotrimazole Cream	Anti-fungal	☐ Yes
Diphenhydramine Gel	Anti-Itch	☐ Yes
Zinc Oxide Cream (Diaper Cream)	Chafing, Skin Irritation	☐ Yes
Off/Repel	Insect Repellant	☐ Yes
Sunscreen	Sunburn prevention	☐ Yes
Visine	Dry, irritated eyes	☐ Yes

Parent/Guardian Authorization:
The personal and medical informa□on is correct and complete as far as I know. The person described has my permission to engage in all camp activities as noted. I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays, routine tests, and treatment. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary, related transportation for my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____