

Dear Parents and Campers,

Thank you for your interest in participating in Bay Shore's summer camping program. Remember to note the following:

- **HEALTH FORMS MUST BE RETURNED WITH THE REGISTRATION FORM**- three weeks before camp you will receive another mailing which will contain an "update form" to bring to camp with any changes or updates
- **A COPY OF YOUR CHILDS IMMUNIZATION RECORD MUST BE ATTACHED TO THE HEALTH FORM**
- **REGISTRATION WILL BEGIN AT THE POSTED TIME OF 2 P.M.**
- **THE POLICY OF NOT COMING AND GOING FROM CAMP DURING THE SESSION WILL BE OBSERVED THIS SUMMER**-this will help to maximize the life changing experience not only for your child, but for others who are a part of the same small group.

Thanks for working with us as we strive to make camp a positive experience for everyone.

Yours in Christ's Service,
Mike Coffey, Executive Director, Bay Shore Camp

BAY SHORE CAMP HEALTH FORM

THIS FORM MUST BE RETURNED WITH REGISTRATION

THIS INFORMATION IS HELPFUL IN PROVIDING A SAFE AND POSITIVE EXPERIENCE FOR YOUR CAMPER. NO CAMPER WILL BE ADMITTED WITHOUT THIS FORM.

CAMPER'S NAME _____ NICKNAME _____ SEX _____ BIRTHDATE _____
ADDRESS _____ CITY/STATE _____ ZIP _____ PHONE _____
PARENT/GUARDIAN _____ WORK PHONE _____ CELL _____
EMERGENCY CONTACT (OTHER THAN PARENT) _____ PHONE _____
PHYSICIAN _____ PHONE _____ INSURANCE CO _____

ALLERGIES

TO MEDICATION NO _____ YES _____ LIST _____
ENVIRONMENTAL NO _____ YES _____ LIST _____
FOOD ALLERGY NO _____ YES _____ LIST _____ (PLEASE SEE OTHER SIDE FOR MORE DIET INFORMATION)

MEDICATIONS

ALL MEDICATIONS (PRESCRIPTION AND OVER THE COUNTER) MUST BE GIVEN TO THE CAMP NURSE AT CHECK IN FOR DISPENSING AT THE DESIGNATED TIMES. (EXCEPTION-TALK TO THE NURSE REGARDING INHALERS & EPI PENS) MEDICATION MUST BE SENT IN THEIR ORIGINAL CONTAINERS AND LABELED FOR THIS CAMPER. BECAUSE OF THE NUMBER OF MEDS DISPENSED WE ARE ONLY ABLE TO GIVE THEM AT MEALS AND BEDTIME UNLESS IT IS CRITICAL THEY BE AT ANOTHER TIME (SUCH AS RITALIN, ANTI-SEIZURE ETC). CAMPERS ARE RESPONSIBLE FOR REPORTING TO THE NURSE FOR MEDS AT THE APPROPRIATE TIMES.

MEDICATION	DOSE	BRKF	LUNCH	SUPPER	BED	OTHER	ONLY AS NEEDED	REASON FOR MED	MED HERE
INHALERS									

THE CAMP NURSE STOCKS THE FOLLOWING MEDICATIONS. PLEASE DO NOT SEND ADDITIONAL AMOUNTS

ACETAMINOPHEN (TYLENOL) COUGH SUPPRESSANT IBUPROFEN (MOTRIN)
ANTACID HYDROCORTISONE CREAM IMODIUM (ANTI DIARRHEA)
ANTIBIOTIC CREAM DECONGESTANT
CALAMINE LOTION DIPHENHYDRAMINE (BENADRYL)

CHECK ONE: IT IS OK TO GIVE MY CHILD THESE MEDS IF INDICATED PER STANDARD CAMP TREATMENTS

IT IS OK TO USE THESE MEDICATIONS EXCEPT _____

ATTACH A COPY OF CAMPER'S IMMUNIZATION RECORD.

ROUTINE CARE: I GRANT PERMISSION FOR THE BAY SHORE HEALTH OFFICIAL TO GIVE MY CHILD FIRST AID AND TREAT ILLNESSES IN ACCORDANCE WITH THE CAMP'S STANDARD CARE PROCEDURES.

IN AN EMERGENCY: I GRANT PERMISSION TO BAY SHORE CAMP TO SECURE EMERGENCY MEDICAL/SURGICAL TREATMENT IF NECESSARY FOR THE CAMPER NAMED ON THIS FORM WHILE AT CAMP. I UNDERSTAND THE CAMP WILL MAKE EVERY POSSIBLE EFFORT TO CONTACT ME PRIOR TO EMERGENCY TREATMENT. IN THE EVENT I AM UNAVAILABLE, EMERGENCY TREATMENT WILL NOT BE WITHHELD OR DELAYED TO CONTACT ME.

ASSUMPTION OF RISKS: HAVING READ THE CAMP DESCRIPTION, I UNDERSTAND THERE ARE RISKS INHERENT TO CAMPING ACTIVITIES (OUTDOOR ACTIVITIES, SPORTS, AQUATICS ETC) AND I GRANT PERMISSION FOR MY CHILD TO PARTICIPATE.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____

IS YOUR CAMPER HAVING DIFFICULTY WITH ANY OF THE FOLLOWING CONDITIONS? (PLEASE CHECK)

	YES	NO		YES	NO		YES	NO
ASTHMA/WHEEZES	___	___	SKIN RASH	___	___	SLEEP WALKING	___	___
CONVULSIONS/SEIZURE	___	___	FREQ. SORE THROAT	___	___	BED WETTING	___	___
HEART TROUBLE/MURMUR	___	___	FREQ. EAR ACHES	___	___	ADHD	___	___
DIABETES	___	___	CONSTIPATION	___	___	DENTAL PROBLEMS	___	___
INFECTIOUS DISEASES	___	___						

ATTACH A COPY OF IMMUNIZATION RECORD DATE OF LAST TETNUS _____

ANY CONDITIONS LIMITING PARTICIPATION IN ACTIVITIES? YES ___ NO ___ LIST IF YES _____

IS YOUR CAMPER ON A SPECIAL DIET? YES ___ NO ___ TYPE _____ IF SO, PLEASE
CONTACT THE CAMP AT LEAST TWO WEEKS PRIOR TO CAMP TO MAKE ARRANGEMENTS WITH THE KITCHEN. **ALSO** PLEASE
 ATTACH A DETAILED LIST OF ALLOWED AND PROHIBITED FOODS FOR THE NURSE AND COUNSELOR.

ADDITIONAL MEDICAL INFORMATION, PREVIOUS SURGERIES/INJURIES/SERIOUS ILLNESS/DIETARY CONCERNS.

CONFIDENTIAL GUIDANCE INFORMATION FOR CAMP STAFF-PLEASE PROVIDE INFORMATION WHICH MIGHT BE HELPFUL TO THE STAFF IN PROVIDING THE MOST POSITIVE CAMP EXPERIENCE POSSIBLE, SUCH AS RECEIPT CHANGES IN FAMILY RELATIONSHIPS, LEARNING/BEHAVIOR ISSUES, ISSUES THAT ARE POSITIVELY OR NEGATIVELY EFFECTING YOUR CAMPER AT THIS TIME. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

RELEASE INFORMATION

MY CHILD **MAY BE** RELEASED FROM CAMP TO THE FOLLOWING PERSONS (INCLUDE RELATIONSHIP) IN ADDITION TO MYSELF

MY CHILD **MAY NOT BE RELEASED FROM CAMP** TO THE FOLLOWING PERSONS (INCLUDE RELATIONSHIP)

OFFICE USE

HEALTH SCREEN DONE ___ DATE _____ SIGNATURE _____

HEAD LICE CHECK DONE ___ DATE _____ SIGNATURE _____

PHYSICAL/IMMUNIZATION RECORD PRESENT ___ UPDATE RECEIVED ___ SIGNATURE _____