

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** _____

