

****CONFIDENTIAL****

Camper's name _____ **Age while at camp** _____ **Birthdate** _____
 Camper's weight _____ **Church group affiliation:** Akron Cleveland Columbus Other: _____

Circle all items that the camper now has or had in the past. Explain any circled items below or on a separate attached paper.
 Information may be shared with camp staff on a "need to know" basis.

Hospitalizations? Surgeries? Renal (kidney) disease? Recent infectious disease or recurring illness? Insomnia (difficulty sleeping)?
 Mononucleosis (within 12 months)? Travelled outside the U.S.A. in the past 9 months? Chest pain or heart disease? Recent injuries?
 Eating disorders? A significant life event in the past 12 months (family change, death of a loved one, survived a disaster, etc.)?
 Bowel or bladder problems? Behavioral or emotional disorders? Menstrual difficulties (female)? Broken bones? Skin problems?

Swimming ability (check one) Nonswimmer Beginner (swims in waist high water) Intermediate (swims in deep water)
 Advanced (swims & dives with minimal supervision)

Medication Information

All medications must be in their original containers and given to the nurse on arrival to camp.

If your child has an Epi-pen, it **MUST** also be brought to camp and given to the nurse.

Will the camper bring any of the following to camp?

- | | | |
|-----------------------|-----------------------|---|
| <u>YES</u> | <u>NO</u> | |
| <input type="radio"/> | <input type="radio"/> | Will your child bring any medications to camp? |
| <input type="radio"/> | <input type="radio"/> | Does your child have an Epi-pen she/he will bring to camp? |
| <input type="radio"/> | <input type="radio"/> | Prescription medications? |
| <input type="radio"/> | <input type="radio"/> | Over-the-counter medications (include vitamins, sprays, topical)? |

Please complete the list for **all** medications - both prescription and over-the-counter - that your child takes. If more space is needed, please attach complete information about each medication on a separate paper.

Specify dosages for ALL medications, prescription and over-the-counter. Examples:

- ◆ Tylenol XS; NA; headaches/general pain; every 4 hours if needed; one 500 mg. oral caplet
- ◆ Robitussin; July 18; coughing; every 4 hours if needed; 1 Tbsp.; oral liquid
- ◆ Multivitamin; Aug 2011; good health; breakfast; 3 Gummy pieces; chew and swallow

Medication name	Date started	Reason taking it	Time medication is taken	Dose and quantity taken	How taken (capsule, liquid, shot, etc.)
			Breakfast Lunch Dinner Bedtime Other		
			Breakfast Lunch Dinner Bedtime Other		
			Breakfast Lunch Dinner Bedtime Other		

Prescription medications must be supplied from home in their original containers. **All medications** for the camper **must be in their original containers supplied from home** except the following over-the-counter medications, which **MAY** be available at the camp according to directions on the label for as-needed (NOT routine) situations. To be certain the camper gets regularly needed medications, supply them from home. Please cross out any that your child/the camper does NOT have your permission to be given.

Authorize administration of medications and any necessary treatment while at camp with your signature below.

- | | | | |
|---------------------|---------------------------|--------------------------|-------------------------|
| Adult Acetaminophen | Aloe | Children's Acetaminophen | Diphenhydramine |
| Adult Aspirin | Anti-itch lotion | Children's Ibuprofen | Guaifenesin cough syrup |
| Adult Ibuprofen | Antibiotic ointment/cream | Cough drops | Sore throat lozenges |

Authorization for health care:

As parent or guardian of the above named camper, I give approval for my child to participate in camp activities and release all affiliated camp staff from liability for the camper's sickness, accidents or injuries during camp. I agree that this completed form is true and may be photocopied to ensure continued care of the camper, and information may be shared on an as-needed basis. In the event of an emergency, I consent to treatment deemed necessary by camp medical personnel or directors, and authorize medical help on site or at an appropriate medical facility.

Parent/Guardian printed legal name _____

Parent/Guardian signature _____ Date _____