

SB2W – Camper Health Form - 2024

(One form per child)

Child's First Name: _____ Child's Last Name: _____

Date of Birth: ____/____/____

Parent(s) Name(s) and Phone(s): _____

Who do we call in case of emergency? (First Name, Last Name and Phone in order of who to call first.)

1.) _____ 2.) _____

3.) _____ 4.) _____

Physicians Name & Phone Number: _____

Medical Insurance (Provider & Policy Number): _____

Check here if there are ***no health concerns*** for this camper.

Please list any health concerns including medical history and diagnosis that your child has: _____

Please list any allergies and reactions: _____

Medication (Prescription AND non-prescription / "over-the-counter")

If your child needs to take medication on our premises, (prescription & non-prescription) a doctor must sign this form. We cannot accept verbal orders over the phone.

We do not supply ibuprofen, acetaminophen, ant-acid, cough drops, etc. If you want your child to have them, send these in the original bottle labeled with your child's name. Prescription medication may not be shared with other family members in camp. Medications are stored in the health office as campers may not carry medications with them during camp with the exception of Epinephrine pens (Epi-pen) and rescue inhalers which can be left with their Counselor. If you have obtained a doctor's signature, you can drop off medications with the Health Director the first day of camp. If you have not obtained a doctor's signature, no medication will be administered to this child.

Does this child need to take medication(s) while at camp/during camp hours? _____

Child's First Name: _____

Child's Last Name: _____

Please list all medications this child currently takes and note any medication(s) your child needs to take while at camp.

Name of Drug	Dosage and Frequency	Physical Limitations	Side Effects

During camp the Health Director or camp staff may use or apply:

- Sunscreen
- Aloe Sunburn gel (may contain lidocaine)
- Artificial tears or saline eye drops
- Calamine lotion or anti-itch cream
- Vaseline for dry lips
- Antiseptic wound wash

Immunizations: Please obtain a current copy of each of your children's immunization records from your doctor and submit them with each application. If your family chooses not to immunize, please attach a letter [for each child] stating your choice not to immunize.)

Parent Authorization – Please read carefully and sign

In the event that I cannot be reached in an emergency, I hereby give permission to Summers Best 2 Weeks camp director to secure proper treatment for and to order injection, medication or surgery for my child as recommended by a doctor. (We will make every effort to contact you and your child's physician first.)

Parents Name (PRINT): _____

Parent Signature: _____ Date: ____/____/____

Physicians Name (PRINT): _____

Physician Signature: _____ Date: ____/____/____