

Camper's Name and Birthdate: _____

Weekend: ___/___/___ - ___/___/___

Please complete this form even if your child does not take any prescription medications. Please list all medication that your child will need to take during the weekend camp, if any. The medical officer will oversee administration of all medications; campers **are not allowed** to keep any medications on them or in their gear. Please send enough medication for the entire weekend at camp in the original package/bottle that identifies the prescribing physician, the name of the camper, the name of the drug, the dosage, and the frequency at which it must be taken. Prescription medications **will only be accepted with the original prescription container**. This includes rescue inhalers. If medications are brought in any container other than the original, you will be asked to visit the local pharmacy to obtain a copy of the prescription at your own time and expense. Medications are given at mealtimes and bed; please make a note and speak with the medical officer at registration if medications must be given at other specific times.

MEDICATIONS TO BE GIVEN WHILE AT CAMP

| # | Medication Name / Strength | Instructions | Reason for Medication |
|----|----------------------------|---|-----------------------|
| EX | Trileptal – 150 mg tablets | Take 1 pill with breakfast and 1 pill with dinner - Daily | Mood stabilizer |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

MEDICATIONS GIVEN AT CAMP

| Med # | Friday | | Saturday | | | | Sunday | |
|----------|--------|-----|-----------|-------|--------|-----|-----------|-------|
| | Dinner | Bed | Breakfast | Lunch | Dinner | Bed | Breakfast | Lunch |
| 1 CAMPER | | | | | | | | |
| MEDIC | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |

____ Initial HERE – if there are no prescription medications to be taken at camp.

For additional medications – please fill out an additional page.

I, Parent/Guardian, confirm that the medication, dosage, and distribution information for (Camper's name) _____ is correct.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

Camper's Name and Birthdate: _____

Weekend: ___/___/___ - ___/___/___

Knowing and understanding your camper's medical history helps us to provide the best care possible to your camper. Please check the boxes below if your camper has any known diagnosed medical conditions Midcourse staff should be aware of. Use the lines below or an extra sheet of paper if you need more space to explain.

- My camper has no known/diagnosed medical conditions
- Asperger's
- Autism
- ADD
- ADHD
- Learning disability (if yes, please specify: _____)
- Anxiety
- Depression (including suicidal ideations/attempts: _____)
- Eating Disorder (if yes, please specify: _____)
- Other psychiatric/behavioral disorders (if yes, please specify: _____)
- Diabetes
- Seizure Disorder (if yes, please list type and date of last seizure: _____)
- Asthma (if yes, please specify any triggers: _____)
- Cardiac (heart) Conditions (if yes, please specify: _____)
- Any current injury or illness requiring stitches/casts/splints/etc (if yes, please specify: _____)
- Other medical conditions (if yes, please specify: _____)

Additional space: _____

Does the camper have any allergies? (Yes/No)

Any food/dietary restrictions? (Yes/No) If yes, please list: _____

Please list any allergies your camper has and their reaction to the allergen (use additional paper if necessary):

| | List | Type of Reaction (Hives, Difficulty Breathing, etc) |
|---------------|------|---|
| Food | | |
| | | |
| | | |
| Medication | | |
| | | |
| | | |
| Environmental | | |
| | | |
| | | |

Camper's Name and Birthdate: _____

Weekend: ___/___/___ - ___/___/___

Medical officers are trained to provide basic first aid during the weekend. Below is a list of over-the-counter (OTC) medications the medical officer has available to your campers if/when they need it. All OTC medications will be given following manufacturer's recommendations. These are provided at no cost to you. By signing this form and sending your child to camp, you give the medical officers permission to administer OTC medications. If you do NOT want your camper to receive any of the below medications for any reason, please cross it off the list. Please note most oral medications are in pill/tablet/capsule form. Please note some medications are generic and some are brand name. If you have any questions, please call the office or come see the medical officer at registration.

| For Pain: | For Medical Officer Use Only | | | | |
|--|------------------------------|------|------|--------|-------|
| | Date | Time | Dose | Camper | Medic |
| Acetaminophen (generic Tylenol) | | | | | |
| Ibuprofen (generic Motrin) | | | | | |
| Naproxen (generic Aleve) | | | | | |
| Menstrual Relief (generic Midol) | | | | | |
| Headache Relief (generic Excedrin) | | | | | |
| For Allergies: | | | | | |
| Diphenhydramine (generic Benadryl) | | | | | |
| Fexofenadine (generic Allegra) | | | | | |
| Famotidine (generic Pepcid) | | | | | |
| For Gastrointestinal/Upset Stomach: | | | | | |
| Pepto-Bismol | | | | | |
| Calcium Carbonate (generic TUMS) | | | | | |
| For minor cuts, wounds, topical: | | | | | |
| Triple ABX ointment (generic Neosporin) | | | | | |
| Hydrocortisone cream | | | | | |
| Antifungal cream | | | | | |
| Talcum powder (generic Monkey Butt, Gold Bold Foot Powder) | | | | | |
| Poison Ivy Cream | | | | | |
| Petroleum Jelly (generic Vaseline) | | | | | |
| | | | | | |

____ Please initial if you DO NOT want OTC medications given without your knowledge.

I, Parent or Guardian, confirm that (camper's name) _____'s medical information above is complete and accurate.

My signature below authorizes the Midcourse Medical Officer to administer the OTC medications above following manufacturer's recommendations.

Parent/Guardian

Date