

HEALTH FORM

REGISTER ONLINE @ BAYSHORECAMP.ORG

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 Name: _____ Nickname(optional): _____ Sex: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent/Guardian: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (other than parent): _____ Phone: _____

Physician: _____ Phone: _____ Insurance Company: _____

Allergies

To Medication? No Yes If yes, list: _____

Environmental? No Yes If yes, list: _____

Certain foods? No Yes If yes, list: _____

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 and 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	Breakfast	Lunch	Supper	Bedtime	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)
Antacid
Antibiotic Cream

Calamine Lotion
Cough Suppressant
Hydrocortisone Cream

Decongestant
Diphenhydramimne (Benadryl)

Ibuprofen (Motrin)
Imodium (Anti Diarrhea)

(check one)

It is OK to give my child these meds if indicated per standard camp treatments

It is OK to use these meds except: _____

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, transportation, 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
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Dental Problems	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Wheezes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble/Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Ear Aches	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Skin Rash	<input type="checkbox"/>	<input type="checkbox"/>
Are your immunizations up to date?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date of last tetanus:	/	/	
Any conditions limiting participation in activities?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please list:	_____		

Is your camper on a special diet? No Yes Type: _____
 If so, please contact the camp at least two weeks prior to camp to make arrangements with the kitchen. Please attach a detailed list of allowed and prohibited foods for the nurse and counselor.

Additional medical information, previous surgeries/injuries/serious illnesses/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 recent changes in family relationships, learning/behavioral issues, other issues that are positively or negatively affecting 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):
