

Medications & Vitamins to be taken at camp:

Medication Name	Dose	How Often	Reason	What happens if dose is missed?

Over-the-counter medications will be available while your child is at camp if needed. The camp medication supply includes, but is not limited to the list below. These medications may be administered under the direction of the camp nurse/doctor. Dosages will be as listed on labels. Generic equivalents may be used if available. Please check YES if you approve or NO if you do not approve of the medication being used (for each medication):

- | | | | | | |
|-------------------------------------|------------------------------------|--|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tylenol (minor aches/pains, fever) | <input type="checkbox"/> | <input type="checkbox"/> | Benadryl (congestion, allergic reactions) |
| <input type="checkbox"/> | <input type="checkbox"/> | Advil (minor aches/pains, cramps) | <input type="checkbox"/> | <input type="checkbox"/> | Tussin DM (cough) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums (upset stomach/nausea/indigestion) | <input type="checkbox"/> | <input type="checkbox"/> | Throat Lozenges (sore throats) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pepto-Bismol (upset stomach/nausea/indigestion) | <input type="checkbox"/> | <input type="checkbox"/> | Imodium (diarrhea) |
| <input type="checkbox"/> | <input type="checkbox"/> | Topical Ointments (aloe vera, Hydrocortisone, antibiotic ointment, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

***It is our desire to provide the best health care for your camper while he/she is with us. This form is to be completed and signed by the parent or guardian whose name appears on the front page.**

- No camper can be accepted without this form.**
- If coming to camp by bus, this must be presented in order to board the bus.**
- If arriving at Big Lake by any other means, this form must be presented at the time of check-in.**
- Participants understand they are enrolling voluntarily and will be responsible for their own physical and emotional choices.**

This health history is correct and the person herein described has permission to engage in all prescribed activities, except as noted by me and/or the physician. In the event I cannot be reached in an emergency, I hereby give my permission to the physician in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/daughter. I also give permission to the nurse/doctor to give over-the-counter medications as listed above including but not limited to pain medication, cold and flu medication unless otherwise noted. I understand that every effort will be made to contact me if my child is ill or injured. A photo copy of this authorization shall be as valid as the original.

* _____
Parent's Signature **Date**

Office use only
 Camper Name _____ Activity _____
 Camp Week _____ Cabin # _____



Big Lake Health Information Form - 2018

Please bring this form with you – this form MUST accompany your child to camp, either by bus or private transportation. The form is to be completed no more than 7 days prior to the registered camp start date.

Camper's Full Legal _____ Nickname _____
 Birth date _____ Age _____ Male Female
 Custodial Parent/Guardian _____ Relation _____
 Home Address _____
 Home Phone _____ Business Phone _____
 Cell Phone _____ Pager _____

Emergency Contact: If I'm not available in an emergency, please contact in the following order:

(1) Name _____ Relationship _____
 Home Phone _____ Business Phone _____
 Cell Phone _____ Pager _____

(2) Name _____ Relationship _____
 Home Phone _____ Business Phone _____
 Cell Phone _____ Pager _____

(3) Name _____ Relationship _____
 Home Phone _____ Business Phone _____
 Cell Phone _____ Pager _____

Physician _____ City/State _____
 Office Phone _____ Other _____

Dentist _____ City/State _____
 Office Phone _____ Other _____

Camper Health Insurance Information*

Insurance Company: _____
 Employer _____ City/State: _____
 Policy Holder: _____ Birthdate: _____
 Policy/Member Number _____ Group Number: _____

**Big Lake Youth Camp carries an accident insurance policy on each camper. In case of an emergency, hospitals require this information as well.*

