

**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"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |  | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |   |
| <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 Activity \_\_\_\_\_  
 Camper Name \_\_\_\_\_ Camp Week \_\_\_\_\_ Cabin # \_\_\_\_\_



**Big Lake Health Information Form - 2019**

*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.*

**\*\*Please do not put medications or vitamins in camper luggage.\*\***

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.**

## Camper Medical Information

Please help us make your child's Big Lake experience even safer by completing ALL of the Camper Medical Information.

Please check (√) all conditions that the camper currently has or has had in the past:

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Heart Condition                 |
| Personal best on peak flow _____                         | Specify _____  |
| <input type="checkbox"/> Cancer Type _____               | <input type="checkbox"/> Hypoglycemia (Low Blood Sugar)  |
| Remission Date _____                                     | <input type="checkbox"/> Measles                         |
| <input type="checkbox"/> Cerebral Palsy                  | <input type="checkbox"/> Migraines (diagnosed by Doctor) |
| <input type="checkbox"/> Chickenpox                      | <input type="checkbox"/> Missing Limb/Appendage          |
| <input type="checkbox"/> Dental braces/retainer (circle) | Location _____   |
| <input type="checkbox"/> Developmental Delay             | <input type="checkbox"/> Mumps                           |
| <input type="checkbox"/> Diabetes                        | <input type="checkbox"/> Prosthesis                      |
| <input type="checkbox"/> Ear Tubes                       | Location _____   |
| <input type="checkbox"/> Eye glasses/contacts (circle)   | <input type="checkbox"/> Ringing in Ears                 |
| <input type="checkbox"/> Fainting Spells                 | <input type="checkbox"/> Seizures                        |
| <input type="checkbox"/> Headaches                       | <input type="checkbox"/> Swimmers Ear                    |
| <input type="checkbox"/> Hearing Aid                     | <input type="checkbox"/> Tuberculosis                    |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

Information for camp nurse or doctor (i.e. procedures needing performed, etc.):

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### Mental Health History

- |   |  |
|---|--|
| <input type="checkbox"/> ADHD                           | <input type="checkbox"/> Depression                        |
| <input type="checkbox"/> Behavioral or conduct problems | <input type="checkbox"/> Autism Spectrum Disorder          |
| <input type="checkbox"/> Anxiety                        | <input type="checkbox"/> Drug/alcohol/tobacco use disorder |

Is the camper currently under his/her physician's care?  Yes  No

If yes, why? \_\_\_\_\_

Date	Hospitalizations/surgeries/broken bones	Explanation

### Immunization Status:

Tetanus: Month \_\_\_\_\_ Year \_\_\_\_\_

All of my camper's school immunizations are up to date? Yes \_\_\_ No \_\_\_

## Camper Interaction Information

Please help us make your child's Big Lake experience even more valuable with your suggestions and comments for our staff.

Information for the counselor concerning activities, restrictions or behavior needs:

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Activity Restrictions	Why	By Whom

### Allergies:

Medication	Reaction	Treatment
Food	Reaction	Treatment
Other	Reaction	Treatment