

CAMPER NAME \_\_\_\_\_

WEEK \_\_\_\_\_ CABIN \_\_\_\_\_

**FOR OFFICE USE ONLY**

**INITIAL HEALTH SCREENING CHECK**

- |   |   |
|---|---|
| <input type="checkbox"/> Review of health history | <input type="checkbox"/> Observable evidence of illness, injury, communicable disease |
| <input type="checkbox"/> Allergies                | <input type="checkbox"/> Restrictions while at camp                                   |
| <input type="checkbox"/> Current medications      | <input type="checkbox"/> Check for parental signature                                 |

\_\_\_\_\_  
Camp Health Supervisor Signature

\_\_\_\_\_  
Date

## CAMPER MEDICATIONS WHILE AT CAMP

All medications (prescribed and over-the-counter ointments, pills, etc.) must be left with the health supervisor at the time of camper check-in at registration. In order to insure that your camper receives medications as you instruct, we ask that you fill in the form below. Be sure to list instructions for all medications you leave.

<b>Medications</b>	<b>Dose Amount</b>	<b>Time(s) to be given</b>
0. <u>Water</u>	<u>2 tablespoons</u>	<u>As needed</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

This person may take, under the health supervisor's or designee's supervision, the following medications or generic equivalents (as directed on label) on an as needed basis to manage illness and injury:

- Tylenol
- Sudafed
- Ibuprofen
- Benadryl (for swollen bee stings)
- Antibiotic Cream
- Aloe, Solarcane (for sunburn)
- Calamine lotion (for poison ivy)
- Generic cough/sore throat lozenges

**X** \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date