



2015 Camper Health Form

Camp Frederick

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Camp Frederick requires the following information to ensure the health and safety of every camper and staff member. Our accrediting organization also requires us to obtain a statement from the parent/guardian attesting that immunizations required for school are up to date and include the actual date (month/year) of last tetanus shot. If the camper arrives at camp without an immunization information, a statement must be obtained prior to 5 p.m. of the following day, or the camper will be sent home. If you have any questions or concerns, please feel free to call the camp.

Camper's Name:		Date of Birth:	Age:	Gender:
Program Name:			Dates:	
Has camper previously been to camp? YES NO				
Has camper ever been homesick? YES NO				
Parent/Guardian:				
Home Phone:	Cell Phone:	Work Phone:	Pager:	
Address (Street, Apt. Number, etc.)			City, State, Zip:	
Emergency Contact and Phone Number:				
Health Insurance:		ID Number:	Group Number:	
Parent with Primary Insurance: Attach copy of card.				
Primary Physician:			Office Phone Number:	
ANY ALLERGIES (Medications, Environmental, Food): YES NO				
ALLERGY	REACTION	ALLERGY	REACTION	

2 Camper's Name: _____

ANY SPECIAL FOOD OR NUTRITION NEEDS: YES NO			
Is camper a vegetarian? YES NO			

3 Camper's Name: _____

IMMUNIZATION RECORD

I the parent/guardian of the child named on this health history form attest that all immunizations required for school are up to date and that I have included the actual date (month/year) of last tetanus shot.

Tetanus Shot/Booster

Date:

Parent Signature: _____

Date: _____

Any history of surgery, injury, hospitalizations, or chronic conditions? YES NO

Has camper had chicken pox? YES NO

Is camper currently receiving any treatment for physical, emotional, learning or psychological needs?
YES NO

Any special restrictions or other needs while at camp? YES NO

If camper is female has she started to menstruate? YES NO

If yes, does she have any problems during menstruation? YES NO

If NO, has she been taught about menstruation? YES NO

Please circle if the camper wears or has any of the following:

Glasses

Contacts

Braces

Retainer

MEDICATION INFORMATION

Please circle if camper needs to carry or have immediate access to: Rescue Inhaler EpiPen

Is camper on medication (prescribed and over the counter) which will need to be administered while at camp? YES NO

If yes, please complete the medication dosage and schedule information on page 4 of this form.

PLEASE NOTE: All medications must be brought to camp in the original container, clearly labeled with the camper's name and prescription information.

I certify that the above information is complete and accurate in regards to my child's health information

Signature Parent/ Guardian: _____

Date: _____

Parent/Guardian Authorizations for Camp Medications

The following over-the-counter medications will be available for treating minor complaints. The dosage is determined according to the age of the child and the dosage instructions listed on the medication packaging. Please indicate by circling YES or NO whether you permit these medications to be used for the conditions indicated.

YOU WILL BE CONTACTED IMMEDIATELY IF ILLNESS DEVELOPS OR EMERGENCY TREATMENT IS REQUIRED

		Medications	Condition
YES	NO	Acetaminophen/Tylenol	Minor Pain, Headache, Fever
YES	NO	Ibuprofen/Advil/Motrin	Pain/Inflammation
YES	NO	Sore Throat Lozenges	Sore Throat
YES	NO	Antihistamine/Benadryl	Allergy Symptoms
YES	NO	Kaopectate	Diarrhea
YES	NO	Mylanta/Tums	Indigestion
YES	NO	Antibiotic ointment	Abrasions/Cuts
YES	NO	Solarcaine	Sunburn/Minor Burns
YES	NO	Caladryl/Calamine Lotion	Poison Ivy
YES	NO	Hydrocortisone Cream	Poison Ivy, Insect Bites, Rashes
YES	NO	Sting-Eze	Insect bites, stings
YES	NO	Sunscreen/Sunblock	Prevent sunburn
YES	NO	Off or other Insect Repellant	Protection from ticks and mosquitoes

Is there any other medication or treatment you feel should be available for treating the camper? Please specify: _____

Permission to Give Medication:

I hereby give permission for the camper to receive the medications I have approved under the supervision of the designated Camp Staff person.

Signature of Parent/Guardian: _____ **Date:** _____

Authorization for Treatment:

I give permission to the healthcare personnel selected by the camp director to provide routine healthcare, administer medication, order routine tests and treatment, and arrange necessary transportation on behalf of the camper. I give permission to release records for insurance purposes. This form may be copied for trips out of camp. If I cannot be reached in an emergency, I give permission for the physician selected by the camp director to secure and provide treatment, including hospitalization, if necessary, for the camper.

Signature of Parent/Guardian: _____ **Date:** _____

5 Camper's Name: _____

Camper Medication Form

This form will be utilized by the camp health director to arrange for the safe, accurate administration of prescribed and over the counter medications to the camper. Place all medications in a clear plastic bag clearly marked with the camper's full name. All medications must be in their original containers and clearly labeled with prescribing/administration instructions.

Will the camper need medications on Sunday evening? YES NO

SCHEDULED MEDICATIONS:

Please complete the following medication record. Under Frequency, circle how many times the camper is to have the medication each day. Under Schedule, circle the times when camper is scheduled to receive the medication. If the schedule varies significantly from the one listed, write the appropriate times in the space.

Medication	Dosage	Frequency Per Day	Schedule	Diagnosis/Reason
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	
		1x 2x 3x 4x	8 am Noon 5 pm 9 pm	

AS NEEDED ONLY MEDICATIONS:

Medication	Dosage	Frequency Per Day if Needed	Reason

Permission to Give Medication:

6 Camper's Name: _____

I hereby give my permission to the designated Camp Frederick staff to administer the medications/treatments to the camper as I have indicated.

Signature of Parent/Guardian: _____

Date: _____

OFFICE USE ONLY

Date of Health Screening: _____ Health Screener: _____

Reviewed with Counselor: YES NO Counselor's Signature: _____