**Camper Name** **Birthdate**

**SECTION I – BASIC CONTACT INFORMATION**

**Emergency Notification:**

Parent (1) Name Phone (Home) (Work) (Cell)

Parent (2) Name Phone (Home) (Work) (Cell)

**Person to contact in an emergency if parents are unavailable:**

Name/relationship Phone (Home) (Work) (Cell)

Physician: Phone

Dentist/Orthodontist Phone

**SECTION II – INSURANCE INFORMATION**

**Yes No** Is the camper covered by family medical insurance?

If yes, indicate insurance carrier

ID# Group #

Policy holder’s name Phone (day) (eve)

**SECTION III – MEDICAL INFORMATION**

1. **History:**

Yes No Allergies, if yes - list

Yes No Does allergy require epinephrine for treatment?

Yes No Asthma

Yes No Seizure disorder

Yes No Diabetes

Yes No Heart trouble

Yes No Bleeding disorder

Yes No Fainting/Dizzy spells

Yes No Other, if yes - list

Explain any of the above “yes” answers:

1. Yes No Has the camper had head lice in the past six months? **If yes, please examine child’s hair in the two weeks prior to camp. If lice are present, treat before camp.** We are not able to treat head lice at camp. Campers who are found to have lice present will need to be picked up and taken home.
2. Yes No Does the camper have any dietary restrictions? If yes, please list
3. Physical activities to be limited or restricted while at camp:
4. **Immunization dates:** (please enter last vaccine date or indicate if exemption)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vaccine** | Tetanus/Diphtheria(DTap, Td or Tdap) | MMR | Varicella (chickenpox) | Hepatitis B | Hepatitis A |
| **Date** |  |  |  |  |  |

**SECTION IV – MEDICATIONS**

If your child takes **prescription medication** please list it here. Bring the medication to registration in its **original container** labeled with the camper’s name and specific dose as prescribed by the physician. The medication will be stored in the Nurse’s Room.

I hereby authorize Drift Creek Camp staff to administer the following medications to my child:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of medication | Dose | Time/Frequency | Reason for medication |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Drift Creek Camp supplies the following over-the-counter medications. Please indicate below which medications can be administered to your child. We will administer based on package directions for your child’s age/weight.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication** | **✓** | **Medication** | **✓** | **Medication** | **✓** |
| Ibuprofen |  | Tylenol |  | Anti-nausea |  |
| Benadryl (oral) |  | Benadryl (cream) |  | Cough drops |  |
| Cough/cold syrup |  | Decongestant |  | Pepto-Bismol\* |  |
| TUMS |  | Hydrocortisone cream |  | Antibiotic ointment |  |

*\*Pepto-Bismol will not be given if your child is under 12 years old*

**SECTION V – AUTHORIZATION**

My child has permission to engage in all camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication, dietary restrictions and activity limitations which should be known to the camp staff. I give consent to Drift Creek Camp staff to provide non-emergency care to my child as needed. I give consent in advance for medical treatment at an appropriate facility in case of an emergent illness or injury.

Signature of Parent/Guardian Date