



4-H Camp Middlesex

1031 Erickson Road • P.O. Box 185

Ashby, Massachusetts 01431

PARENT/GUARDIAN AGREEMENT

Please place a check mark in each of the boxes of each section that you agree to and sign below.

☐ **YES...In case of sickness**, I wish my child to be held at the camp's First Aid Facility. I understand that all the first aid procedures are located in *the Camp Middlesex Parent Handbook*.

☐ **YES...I authorize the Camp Nurse or Directors to administer the following non-prescription medications, as checked below.** (Please check off below which non-prescription medications you give permission to be administered by the Camp Nurse to the below named camper on an as needed basis. All over the counter medications for campers shall be kept in the original containers containing the original labels, which shall include directions for use).

- ☐ Acetaminophen (Tylenol): To relieve headaches, minor aches, fever, and menstrual cramps. Contains no aspirin.
- ☐ Ibuprofen (Motrin/Advil): To relieve headaches, toothaches, minor aches, fever, and menstrual cramps. Contains no aspirin. *Caution: people with a severe allergic reaction to aspirin must not take ibuprofen.
- ☐ Dyphenhydramine (Benedryl): Contains antihistamine for temporary relief of sneezing, runny nose, itchy eyes and throat due to allergy and colds and/or pain & swelling due to insect bites.
- ☐ Cough Drops & Throat Lozenges: Quiets coughs.
- ☐ Allergy Medications (Claritin/Zyrtec)
- ☐ Antacids (Tums): Provides temporary relief of acid indigestion and/or nausea.
- ☐ Sunscreen/insect repellant (may be applied by counselors, if needed)
- ☐ Topical ointments (Bacitracin, Calamine, Hydrocortisone, burn gel containing aloe/lidocaine): To protect against infection or relieve itching/pain from insect bites, rashes, or superficial burns.

☐ **YES...In the event of apparent serious illness**, I authorize 4-H Camp Middlesex to send him/her to the nearest hospital. 4-H Camp Middlesex uses the Ashby Fire Department Ambulance Service to transport any child in need of emergency care. The ambulance service transports to Leominster or Deaconness-Nashoba hospitals only. If I wish my child to be cared for at a different facility it will be my responsibility to transfer my child from one of the aforementioned hospitals. I shall be responsible for charges incurred either through home health and accident insurance or Medicaid. I understand I will be notified of any illness/accident as soon as possible. For serious injuries or concerns not requiring an ambulance, the camp will send the child to the Urgent Care facility in Fitchburg, or Leominster Hospital.

☐ **YES...I grant permission** for my child to participate in ALL camp activities and programs at 4-H Camp Middlesex.

☐ **YES...I grant permission** for my child to leave camp grounds to attend the Wednesday night band concert in Ashby Center. I also grant permission for my child to walk to the Ashby Basketball courts (depending on program schedule), and to attend the weekend trip (as advertised) if my child is staying over the weekend.

☐ **YES...I authorize 4-H Camp Middlesex** to have and use photographs, slides, and recordings of my child as may be needed for records or public relations.

☐ **YES...I authorize the release of DVD/videos that feature my son/daughter** taken during program areas that may include video images of my children.

☐ **YES...I understand that 4-H Camp Middlesex reserves the right** to cancel camp programs should Government action or other circumstances make camp operation impossible. 4-H Camp Middlesex also reserves the right to decline to accept an application and to dismiss a camper from camp. Under suspicions of theft and possessing camp banned substances, Camp Middlesex *administration* reserves the right to search through a camper's belongings.

Camper's Name

Group & Session

Parent/Guardian Signature

Date



4-H Camp Middlesex

1031 Erickson Road • P.O. Box 185

Ashby, Massachusetts 01431

Phone: (978) 386-7704 • Fax: (978) 386-7046

www.campmiddlesex.com

Steven J. LaFountain, M.Ed., Executive Director

Camper/CIT Code of Conduct

I understand that while attending 4-H Camp Middlesex, I am representing the good name of 4-H Camp Middlesex and the Middlesex County Foundation, Inc. I will willingly obey all established policies and rules set forth by this organization, to include the following:

- I will not willfully steal or damage property, use foul language, or carry anything that may be considered a weapon.
- I will not harm another camper physically or call them names (we have no tolerance for physical, sexual, verbal, or emotional abuse).
- I will not smoke, drink, use drugs, or bring any of them to camp. All medications (including over the counter creams, vitamins, aspirin, etc.) that I may use, either prescription or over the counter, must be given to the nurse and stored in the Infirmary.
- All snacks that I bring must be given to my counselor.
- With the exception digital cameras and CD/MP3 Players, electronic equipment is not allowed at camp. I understand that all electronic equipment that I bring (including cell phones) will be confiscated by my counselor and stored in the safe at the office. CD/MP3 players may only be used in the cabin during rest periods. Camp Middlesex is NOT responsible for any electronic equipment that is lost or stolen, as campers are discouraged from bringing them to camp.
- I understand that there is no tolerance for graffiti of any form at camp.
- I understand that the use of Camp Middlesex's name and logo use outside of camp needs written permission by the camp Director. Any digital media about Camp Middlesex created outside of camp requires a disclaimer that is available in the Parent's Handbook. Any media (including Myspace, Facebook, Youtube, or other websites) created about Camp Middlesex without the disclaimer will not be tolerated.

I have read the following Code of Conduct, and promise to abide by it while at camp. If I fail to abide by any rules set forth in this code, a meeting will result with one of the camp's administrators who may dismiss me from camp after a review of my behavior. I understand that my parent/guardian will be notified at this time. I also understand that if I am dismissed from camp for any reason, I should not expect to return to camp in the future without a review of my case and an interview with my parent/guardian and the 4-H Camp Middlesex Director.

Camper's Signature

Date

Parent's Signature

Date



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Camp Store Deposit Form OVERNIGHT CAMPER

Camper's Name: _____

Cabin Number: _____ Week(s) Registered (circle) 1 2 3 4 5 6 7

☐ **At the Camp Store:** The camp store at Camp Middlesex is open every day during recreational swim time, from 2:15-3:15. Campers may purchase snacks, drinks, or camp items at the store at this time. The prices of snacks and drinks range from 25 cents to \$1.25. We recommend about \$10/week.

On the chart below, enter in how much you would like to add to the camp store for each week that you are registered for. Add up all the boxes, and enter the total amount in the box to the right. This is your spending money deposit.

Enter Amount Here

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7

☐ **Teen/Junior Camp Picture at \$10.00**

Circle the week(s) you would
like your picture of below:

1 2 3 4 5 6 7

Enter Amount
Here>>>>>>>

☐ **Ashby Band Concert Spending Money**
(Recommended \$5/week)

On Wednesday night, campers walk to Ashby
Common to watch the band concert. At the common
there are snacks on sale for campers to purchase.
We recommend that campers be provided with \$5
to purchase snacks.

Enter Amount
Here>>>>>>>

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7

☐ **Weekend Trip**

For campers staying over for a weekend session,
please enter how much they can receive on
the weekend trip(s). If registered for more than one
trip, we will divide the amount evenly per trip.

Enter Amount
Here>>>>

Total Deposit

Add up all the boxes above and enter the total amount here.

Enter Total
Amount>>>

☐ **I wish to donate any unused funds directly to (check one):**

☐ **Facility Fund** ☐ **Campership Fund** ☐ **Endowment**

☐ **Please REFUND any unused funds**



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What to Bring to Overnight Camp...

Recommended:

- Sleeping bag or sheets with 1-2 warm blankets
- Pillow & pillowcase
- Sun screen & insect repellent
- Rubber sheet (if necessary)
- Flashlight & extra batteries
- 6 changes of socks, underwear, etc.
- 6 changes of clothing – shorts, shirts, long pants, etc.
- Pajamas or other sleepwear
- Dressy clothes for dance & candlelight ceremony (if desired)
- Rain gear (coat, poncho, boots, umbrella, etc.)
- Hairbrush or comb
- Toothbrush & toothpaste
- Bathing suit (2 if possible)
- 2 pairs of sneakers or comfortable walking shoes
- Sandals or flip-flops (for pool & shower)
- Sweatshirt, heavy sweater, or jacket
- Water Bottle
- Drawstring bag to carry belongings throughout the day as you will not be able to go back to your cabin between periods.
- 2 beach towels
- Bath towel and face cloth
- Body soap & shampoo
- Writing paper, envelopes, stamps, postcards, pen/pencils, addresses
- Favorite book or magazine
- Hair ties for long hair
- MP3 players are allowed only in the cabin during rest hour or at night
- Snacks are allowed, but cannot be stored in the cabins due to animals
- Medical Form (completed by physician)
- Prescribed Medications (in original container)
- All possessions labeled with camper's name.

Not allowed at camp:

- Electric Equipment – Video games, cell phones, radios, etc.
- Anything of value
- Weapons – Pocket knives, toy or real guns, etc.
- Cash

Please Note: There are no laundry facilities at camp. Campers staying for more than one week will require extra clothing, or have a pick-up on Friday night and brought back on Sunday. **4-H Camp Middlesex is not responsible for any clothing or personal items brought in by campers.** Campers are responsible for labeling their items before coming to camp and for checking the lost and found for items before they leave.



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Dear Parents/Guardians:

Welcome to 4-H Camp Middlesex. We are excited about the start of another great season! The following information is to help you understand our check-in and checkout procedure.

Overnight Camper Check-in:

1. Arrival Times:

To best accommodate the number of families registering at the same time, please arrive at the times listed below:

Teen camper registration: 2:00 – 3:00

Both Teen camper & Junior camper (same family): 2:30-3:30

Junior camper registration: 3:00-4:00

Day campers: Either check-in from 4:00-4:30 on Sunday, or 8:00 on Monday morning.

2. Campers will be greeted at the bridge where they will receive a checklist for the registration process.
3. Campers will leave their luggage in front of the Recreation Hall to be picked up and brought up the hill.
4. Families that still owe a balance are asked to proceed to Erickson Lodge (main office). **WE WILL NOT ACCEPT PERSONAL CHECKS DURING SUNDAY REGISTRATION.** You will need to pay with a credit card or cash.
5. Once in the Recreation Hall, you will check in with the Director and Program Director, and complete any last minute paperwork. Camper families are strongly encouraged to either hold on to their paperwork until Sunday Registration or to bring duplicate copies of their paperwork.
6. From the recreation hall, you will proceed to the camp store, where you will deposit money for the camp store, Wednesday night's band concert, and purchase a cabin photo, if desired. Families may do this ahead of time using the *Camp Store Deposit Form*, and only need to check in to verify.
7. Your next stop will be the infirmary. You will check-in with the nurse, who will do a head and foot check and review medications/health procedures as

needed. Families that have registered for more than one consecutive week of camp only need to check-in with the nurse during their first consecutive week registered, unless there is a change of medical condition or are dropping off meds for the week. Also, in order to accommodate the large number of families that need to see the nurse, we will be placing more staff at the infirmary to ensure that check-in runs as quick as possible.

8. The final step of the registration process is to check in at your assigned cabin and meet your cabin counselor.
9. Registration ends promptly at 4:00 pm. If you cannot make it before 4, please call ahead and let us know. Check-in will be in Erickson Lodge (main office) at this time.

Overnight Camper Checkout:

Drama Show: 6:00 – 6:30

Candlelight Ceremony: 6:30-7:00

Pick-up By: 7:00

Parents are encouraged to join in on the drama show and candlelight ceremony, but may opt to just pick up their children at around 7:00pm.

1. Parents should arrive at camp on Friday between 5:45 and 6:00 pm if they wish to watch the Dance/Drama Show. They should arrive at 6:30 for the flag lowering/candlelight ceremony. All closing ceremonies will end around 7:00pm.
2. Bags and camper belongings can be picked up at the Dance Room or Science Room for Junior Campers and Arts & Crafts Room for Teen Campers at the Mill starting at 6:00 pm. **Luggage will be grouped by cabin.** To ensure that all camper belongings are returning, make sure that your camper's name is placed on every piece of luggage that he/she has brought to camp.
3. Once at camp, please **be prepared to show your ID** and sign your child out. You will be presented with a pick-up card. Please present your pick-up card to your child's counselor who will give you a yellow envelope with:
 - a. Camp store balance (if any) and cabin photo (if any)
 - b. Evaluation form
 - c. Miscellaneous paperwork home
4. All families leaving are asked to checkout at the bridge by showing their pick up cards upon leaving camp.

If you have any questions or need additional information, don't hesitate to call the camp office at (978) 386-7704 or e-mail us at: office@campmiddlesex.com.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last
☐ Male ☐ Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet.
☐ This camper has special food needs. (Please describe below.)

Restrictions: ☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Page 1/4

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s)

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last
 Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ ☐ Negative ☐ Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: ☐ This camper will not take any daily medications while attending camp.

☐ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

Acetaminophen (Tylenol)
 Phenylephrine decongestant (Sudafed PE)
 Antihistamine/allergy medicine
 Diphenhydramine antihistamine/allergy medicine (Benadryl)
 Sore throat spray
 Lice shampoo or cream (Nix or Elimite)
 Calamine lotion
 Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)
 Pseudoephedrine decongestant (Sudafed)
 Guaifenesin cough syrup (Robitussin)
 Dextromethorphan cough syrup (Robitussin DM)
 Generic cough drops
 Antibiotic cream
 Aloe
 Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date: _____

Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____

First

Middle

Last

Birth Date:

Month/Day/Year

Individual Health Record (For Camp Use Only)

Initial Screening

Date/Time: _____

Initials: _____

- ☐ **Screening** has been conducted according to camp protocol and significant findings noted as follows:
- A. Any signs/symptoms of illness or injury upon arrival?..... ☐ No ☐ Yes as noted below
- B. History of exposure to communicable disease?..... ☐ No ☐ Yes as noted below
- C. Additions or corrections to information on this health history?..... ☐ No ☐ Yes as noted below
- D. Medication given to health-care staff?..... ☐ No ☐ Yes as noted below
- E. Any signs/symptoms of head lice?..... ☐ No ☐ Yes as noted below

Provider notes: (date/time/initial all entries) _____

Exit Note: Check one of the following:

- ☐ Left camp this day with no reported illness or injury symptoms.
- ☐ Left camp this day with the following problem/concern:

This person was told about the problem and instructed about follow-up as noted above: _____

Date/Time: _____ Initials: _____

CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2

Developed and reviewed by American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel:** Cross out those items the camper should not be given.

Acetaminophen (Tylenol)
Ibuprofen (Advil, Motrin)
Phenylephrine (Sudafed PE)
Pseudoephedrine (Sudafed)
Chlorpheniramine maleate
Guaifenesin
Dextromethorphan
Diphenhydramine (Benadryl)
Generic cough drops
Chloraseptic (Sore throat spray)
Lice shampoo or scabies cream (Nix or Elimite)
Calamine lotion
Bismuth subsalicylate (Pepto-Bismol)
Laxatives for constipation (Ex-Lax)
Hydrocortisone 1% cream
Topical antibiotic cream
Calamine lotion
Aloe

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

☐ Male ☐ Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) (_____) (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: ☐ Yes ☐ No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 12 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: ☐ No Known Allergies

☐ To foods (*list*):

☐ To medications: (*list*):

☐ To the environment (*insect stings, hay fever, etc.—list*):

☐ Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: ☐ Eats a regular diet. ☐ Has a medically prescribed meal plan or dietary restrictions: (describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) ☐ None.

Medication: ☐ No daily medications. ☐ Will take the following prescribed medication(s) while at camp: (name, dose, frequency—describe below)

Other treatments/therapies to be continued at camp: (describe below) ☐ None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? ☐ No ☐ Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____