

# CEDAR CREEK CHRISTIAN CAMP HEALTH FORM

Camp Week: \_\_\_\_\_ Camp Dean: \_\_\_\_\_

**ALL MEDICINE MUST BE TURNED IN TO MEDICAL STAFF AT REGISTRATION. EACH INDIVIDUAL MEDICATION MUST BE IN THE ORIGINAL, LABELLED CONTAINER. NO MEDICATIONS, VITAMINS, ETC. ARE ALLOWED IN THE CABINS.**

Camper Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Weight \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Recent Surgeries: \_\_\_\_\_

**Wellness Confirmation:**

By signing below, you are confirming that your child has not received any fever reducing medications (Advil/ibuprofen, Tylenol/acetaminophen) in the last 24 hours. Your child has been free from fever, nausea, vomiting and diarrhea for the last 24 hours. Should your child develop any of these symptoms, you acknowledge that they will need to be picked up immediately.

**Camp Administered Medications:**

At times it is useful to administer over the counter medications for minor injuries and illness while your child is at camp. Below is a list of over-the-counter medications that camp medical staff may, when appropriate, administer according to the directions instructed by the label. If there is any medication you do not wish your child to take, please place a line through that medication's name. Please be assured that for anything other than minor injuries you will be contacted.

By signing below, you give your permission for the medications listed below to be given by the Cedar Creek Christian Camp Medical Staff. Also, you give permission for the Camp Manager, Dean, or Medical Staff of Cedar Creek Christian Camp to provide any emergency treatment and transfer to an appropriate medical facility for treatment, should the need arise. You hereby release and hold harmless Cedar Creek Christian Camp, its volunteers, and directors of any and all liability. Also, you acknowledge that you are responsible for obtaining any unused portion of my child's medications prior to taking your child home from camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OTC Medications	
<b>Advil/Motrin (Ibuprofen)</b>	<b>Tylenol (Acetaminophen)</b>
<b>Tums</b>	<b>Topical Antibiotic</b>
<b>Cough Drops</b>	<b>Pepto-Bismol</b>
<b>Cough Syrup</b>	<b>Sunburn Cream</b>
<b>Ear Drops</b>	<b>Sunscreen</b>
<b>Eye Drops</b>	<b>Benadryl (Antihistamine)</b>