

# Michigan Area United Methodist Camper Health Form

This information is helpful in providing a safe and positive experience for your camper. No camper will be admitted without this form.

Camper Name \_\_\_\_\_ Nickname(optional) \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
(Custodial)

Emergency Contact (Other than Parent) \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Insurance Co. \_\_\_\_\_ please send a copy of your card.

<b>Allergies</b>	To Medication? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, list _____
	To Environmental? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, list _____
	To Certain Food? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, list _____

If you have **NO MEDICATIONS AT CAMP** check here:

**Medications**

**Medications must be given to the camp health officer at check-in for dispensing at the designated times. All medications (prescription and over the counter) by law must be locked up securely in the Camp Health Center. Talk to the health officer regarding exceptions which require them to be in the immediate possession/control of the camper (Exceptions- inhalers, epi pens, etc.).**  
 Medications must be sent in their **original containers** and **labeled for this camper**. Because of the number of medications dispensed we are only able to give them at meals and bedtime, unless it is critical they be given at another time, such as Ritalin, anti-seizure, etc. **Campers are responsible for reporting to the camp health officer (nurse).**

Medication	Dose	Breakfast	Lunch	Dinner	Bedtime	As Needed	Reason Taking	Med. Here?
Inhalers								

**The camp stocks the following medications. Please do not send additional amounts.**

Acetaminophen (Tylenol)    Ibuprofen (Motrin)    Diphenhydramine (Benadryl)    Decongestant    Antacid    Cepecol  
 Calamine Lotion    Cough Drops    Cough Suppressant    Imodium (Anti Diarrhea)    Hydrocortisone Cream

**Check one**

- It is OK to give my child camp stocked meds listed above
- It is OK to give my child camp stocked meds **except** \_\_\_\_\_

**Health Conditions**

Is your camper having difficulty with any of the following conditions?  
 (Please check those that apply)

	Yes	No		Yes	No		Yes	No
Bee Stings			Diabetes			Convulsions/Seizures		
Asthma/Wheezes			Frequent Ear Ache			Informed about Menstruation		
Bed Wetting			Sleep Walking			If yes, explain:		
Constipation			Frequent sore Throat					
Skin rash			Heart Trouble/Murmur					
Dental Problems			Infectious Disease					

Are the camper's immunizations up to date? No  Yes  Date of last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_

Any conditions limiting participation in activities? No  Yes  \_\_\_\_\_

Any additional medical information, previous surgeries/injuries/serious illnesses:

**AUTHORIZATION:**

**Routine Care:** I grant permission for the Health Officer to give my child first aid and treat illnesses in accordance with the camp's Standard Care Procedures.

**Emergency Care:** I grant permission to the camp Health Officer to secure emergency medical/surgical treatment if necessary, for the camper named on this form while at camp. I understand the camp will make every possible effort to contact me prior to emergency treatment. In the event I am unavailable, emergency treatment will not be withheld or delayed to contact me. I give permission for my child to be transported for treatment, if the Health Officer deems it safe, in a private camp vehicle if necessary.

**Costs Associated with Illness/Injury:** The camp will not be responsible for any costs incurred as a result of treatment or transportation due to illness or injury.

**Assumption of Risks:** Having read the camp description, I understand there are risks inherent to camping activities (outdoor activities, sports, aquatics, etc.) and I grant permission for my child to participate.

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

Diet

Is your camper vegetarian \_\_\_\_\_, vegan \_\_\_\_\_, gluten free \_\_\_\_\_ lactose intolerant \_\_\_\_\_

Is your camper on a special diet for medical reasons? No  Yes  What type? \_\_\_\_\_

**Please contact the camp at least two weeks prior to camp to make arrangements with the kitchen. Please attach a detailed list of allowed and prohibited foods for the nurse and staff.**

**Confidential Guidance Information for Camp Staff:** Please provide any information below which might be helpful to the staff in providing the most positive camp experience possible, such as recent changes in family, learning/behavioral issues (ADD/ADHD), other issues that are positively or negatively affecting him/her at this time. **The information will be kept confidential.**