

SECTION IV - INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance: YES NO

If so, indicate carrier or plan name _____ Group # _____

Carrier Address _____

Address for Claims _____

Policy Holder's Name _____ Relationship to participant _____

Policy Holder's Social Security # or Insurance ID # _____ Employer _____

SECTION V - MEDICATIONS AND RESTRICTIONS

Will camper be taking medications while at camp? Yes No (Medications include prescription, over-the-counter, vitamins, inhalers, etc.)

If camper will be taking medications while at camp, please list all (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions. Use an additional sheet if needed. When you check-in at camp, please provide all medications in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

NAME OF DRUG	DOSAGE AMT.	TIMES GIVEN	TOTAL DAILY DOSE	REASON FOR MEDICATION	NOTES*
Example: Mellaril	50 mg	8am & 5pm	100 mg	Behavior	Crush pill

Prescribing Physician _____ Phone _____

Special Instructions or Considerations for Minor Illness

Unless specific instructions are provided, camp health care staff will treat minor illnesses with over the counter medications. If illness persists, parents will be notified.

Identify any medications the camper takes during the school year that the camper does not/may not take during the summer:

I grant permission for the camp health director to administer: (Please circle your choice for each over-the-counter medicine below)

Aspirin Yes No Non-Aspirin Yes No NSAID (ibuprofen/Advil, Motrin) Yes No Cough Medicine Yes No
Benadryl Yes No Pepto-Bismol Yes No Maalox Yes No Imodium Yes No

Parent Signature for over-the-counter administration _____

SECTION VI - ALLERGIES

Camper does not have any allergies.

Camper is allergic to

1. Hay Fever 2. Poison Ivy/Oak 3. Insect Stings 4. Food 5. Penicillin 6. Other Drugs 7. Other _____

Please specify allergy. Describe reaction and treatment. _____

Any change to this form should be provided to camp health personnel upon camper's arrival in camp.