

MEDICAL INFORMATION

Camper _____

Parent/Guardian _____

The following information must be filled in by the parent/guardian. The intent of the information is to provide Supercamperific's health care personnel the background to provide appropriate care. Any changes to this form should be provided to camp health care personnel upon camper's arrival at Supercamperific. Our registered camp nurse is the only person that is allowed to administer prescription medicine.

Is the camper covered by family medical/hospital insurance? _____ Date of last tetanus shot _____

Name of Insurance Carrier _____ Group # _____

In case of emergency contact _____ Relationship _____

Phone (Work) _____ (Home) _____ (Cell) _____

If above cannot be reached contact _____ Relationship _____

Phone (Work) _____ (Home) _____ (Cell) _____

ALLERGIES

*Medication allergies _____

Reaction & management of reaction _____

*Food allergies _____

Reaction & management of reaction _____

*Other allergies _____

Reaction & management of reaction _____

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

____ This camper takes NO medications on a routine basis.

____ This camper takes medications as follows:

* Med #1 _____ Dosage _____ Times taken each day _____

Reason for taking _____

* Med #2 _____ Dosage _____ Times taken each day _____

Reason for taking _____

* Med #3 _____ Dosage _____ Times taken each day _____

Reason for taking _____

* Med #4 _____ Dosage _____ Times taken each day _____

Reason for taking _____

If the camper complains of illness, he/she can take (check all that are permissible):

__ Acetaminophen (Tylenol) __ Ibuprofen (Advil) __ Benadryl __ Cough Syrup __ Tums/Roloids

RESTRICTIONS

Please list any restrictions to activity or diet for this camper _____

Name of Pediatrician/Doctor _____ Phone _____

A registered nurse is always present at camp. Other camp personnel are also trained for medical emergencies. All medications must be turned in to the camp nurse at the beginning of camp with full instructions. In case of any illness or emergency, you will be immediately notified.

For more information contact Terry Foster, Camp Director, 317-258-9108