

BCC Youth Dorm Health Registration Form

No camper will be admitted without this form.

Camper Name: _____

Male/Female: _____ Birth Date: _____ Age: _____ Grade Completed: _____.

Address: _____.

City: _____ State: _____ Zip: _____.

Parent/Guardian: _____.

Home Phone: _____ Work Phone: _____ Mobile Phone: _____.

Roommate request: _____.

Emergency Contact (other than parent) _____ Phone _____

Insurance Company _____ Policy Number _____

ALLERGIES _____ To Medication? If yes, list _____
_____ Environment? If yes, list _____
_____ Foods? If yes, list _____

MEDICATIONS All medications (prescription and over the counter) must be given to the camp nurse at check-in. Medication must be sent in the **original containers** and labeled for this camper, because of the number of meds dispensed we are only able to give them at meals and bedtime unless it is critical they be given at another time. Campers are responsible for reporting to the nurse for meds at appropriate times.

Medication	Dose	Frequency/Time	Reason for Med

The camp nurse stocks the following medications:

Acetaminophen (Tylenol) Antacid Antibiotic Cream Calamine Lotion
Cough Suppressant Decongestant Diphenhydramimne (Benadryl)
Hydrocortisone Cream Ibuprofen (Motrin) Imodium (Anti Diarrhea)

_____ It is OK to give my child these meds if indicated per standard camp treatments.

_____ It is OK to use these meds except _____.

Is your child having difficulty with any of the following conditions? (Please Check)

- | | | |
|---|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Heart Trouble/Murmur |
| <input type="checkbox"/> Asthma/Wheezes | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Frequent Ear Aches | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Frequent Sore Throat | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Menstrual problems | |

Are your child's immunizations up to date? No Yes Date of last tetanus _____

Conditions limiting participation in activities? No Yes If yes, please list _____

Is your child on a special diet? No Yes If yes, Type _____

Please contact the camp at least 2 weeks prior to camp to make arrangements with the kitchen. Please attach a detailed list of allowed and prohibited foods.

Additional medical information, previous surgeries/injuries/serious illnesses/dietary concerns _____

Parent/Guardian Consent

Unless otherwise noted, my child is permitted to participate in all activities at Brown City Youth Camp including being transported to locations away from the Brown City Camp Grounds. Permission is also given for use of images for camp publicity and security.

In an Emergency, I grant permission to Brown City Youth Camp to secure emergency, surgical treatment, and/or routine medical care for the person named on this form while at Brown City Camp.

Parent/Guardian Signature _____ Date _____

Release Information

I understand that my child has to check out with the Youth Office Staff before leaving the camp.

My child MAY BE released from camp to the following persons (include relationship) in addition to myself

My child may **NOT** be released from camp to the following persons (include relationship)
