

Brown City Youth Camp

Dorm Health Form

Bring this completed form with you to camp.
No camper will be checked in to the dorm without this form!

Youth Name _____

Insurance Company _____ **Policy Number** _____

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)

- | | | |
|--------------------|--------------------------|--------------------------|
| ___ ADHD | ___ Dental Problems | ___ Heart Trouble/Murmur |
| ___ Asthma/Wheezes | ___ Diabetes | ___ Infectious Diseases |
| ___ Bed Wetting | ___ Frequent Ear Aches | ___ Sleep Walking |
| ___ Constipation | ___ Frequent Sore Throat | ___ Skin Rash |
| ___ Seizures | ___ Menstrual problems | |

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

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

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

Parent/Guardian Signature _____ Date _____