



Required Medical History (Parent or Legal Guardian to Complete)

(Camp Use Only)

Cabin: _____

Counselors: _____

Camper Name _____ Birthdate _____

Camper Height _____ Camper Weight _____

SECTION I – BASIC CONTACT INFORMATION

Emergency Notification:

Parent (1) Name _____ Phone (Home) _____ (Work) _____ (Cell) _____

Parent (2) Name _____ Phone (Home) _____ (Work) _____ (Cell) _____

Person to contact in an emergency if parents are unavailable:

Name/relationship _____ Phone (Home) _____ (Work) _____ (Cell) _____

Physician: _____ Phone _____

Dentist/Orthodontist _____ Phone _____

SECTION II – INSURANCE INFORMATION

Yes ___ No ___ Is the camper covered by family medical insurance?

If yes, indicate insurance carrier _____

ID# _____ Group # _____

Policy holder's name _____ Phone (day) _____ (eve) _____

SECTION III – MEDICAL INFORMATION

1. History:

Yes ___ No ___ Allergies, if yes - list _____

Yes ___ No ___ Does allergy require epinephrine for treatment?

Yes ___ No ___ Asthma

Yes ___ No ___ Seizure disorder

Yes ___ No ___ Diabetes

Yes ___ No ___ Heart trouble

Yes ___ No ___ Bleeding disorder

Yes ___ No ___ Fainting/Dizzy spells

Yes ___ No ___ Other, if yes - list _____

Explain any of the above "yes" answers: _____

2. Yes ___ No ___ Has the camper had head lice in the past month? **Please examine child's hair in the two weeks prior to camp. If lice are present, treat before camp.** We will check your child's hair at camp registration. We are not able to treat head lice at camp, so if lice are present your child will need to return home.

3. Yes ___ No ___ Does the camper have any dietary restrictions? If yes, please list _____



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4. Physical activities to be limited or restricted while at camp: _____

5. **Immunization dates:** (please enter last vaccine date or indicate if exemption)

Vaccine	Tetanus/Diphtheria (DTap, Td or Tdap)	MMR	Varicella (chickenpox)	Hepatitis B	Hepatitis A	Covid
Date						

SECTION IV – MEDICATIONS

If your child takes **prescription medication** please list it here. Bring the medication to registration in its **original container** labeled with the camper’s name and specific dose as prescribed by the physician. The medication will be stored in the Nurse’s Room.

I hereby authorize Drift Creek Camp staff to administer the following medications to my child:

Name of medication	Dose	Time/Frequency	Reason for medication

Drift Creek Camp supplies the following over-the-counter medications. Please indicate below which medications can be administered to your child. We will administer based on package directions for your child’s age/weight.

Medication	✓	Medication	✓	Medication	✓
Ibuprofen		Tylenol		Anti-nausea	
Benadryl (oral)		Benadryl (cream)		Cough drops	
Cough/cold syrup		Decongestant		Pepto-Bismol*	
TUMS		Hydrocortisone cream		Antibiotic ointment	
Stool softener		Antihistamine/allergy pill		Sleep aid	

**Pepto-Bismol will not be given if your child is under 12 years old*

SECTION V – AUTHORIZATION

My child has permission to engage in all camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication, dietary restrictions and activity limitations which should be known to the camp staff. I give consent to Drift Creek Camp staff to provide non-emergency care to my child as needed. I give consent in advance for medical treatment at an appropriate facility in case of an emergent illness or injury.

Signature of Parent/Guardian

Date