

REGISTER ONLINE @ BAYSHORECAMP.ORG

This form must be returned with changes to old medical forms "UPDATES"

This information is helpful in providing a safe and positive experience for your camper. No camper will be admitted without this form.

Camper Name:			Nickname(optional):					Sex:	Birthdate:		
Ac	dress:										
	City:					State	e: Zip:		Phone:		
Parent/Guardian:						ork Phone:		Mobi	ile Phone:_		
Emergancy Contac	t (other tha	an parent):									
Physician: Phone:							Insurance Com	npany:			
Allergies	To Medicat	To Medication? No Yes			If yes, list:						
	nvironmental? No Yes			If ye	If yes, list:						
	Certain foo	Certain foods? No Yes			If yes, list:						
Medications number of meds (such as Ritalin,	5 disp Med dispense	ensing at ication mu d we are o	the desigr ist be sen only able t	nated time It in their o give the	es. (Exception r original em at meal	on- Talk to containers s and bedt	st be given to the nurse reg and labeled fo ime unless it is the nurse for	garding or this o s critical	inhalers a camper, be they be at	nd EPI pens. ecause of the canother time	
Medication	Dose	-	Lunch	Supper		-			on for Med	Med here?	
								_			
Inhalers				[1						
	The can	n nurse st	ocks the fo	llowing m	Adications	Please do	not send additi	onal am	ounts		
The camp nurse stocks the following me Acetaminophen (Tylenol) Calamine Lotion Antacid Cough Suppressant Antibiotic Cream Hydrocortisone Cream (check one) It is OK to give my child these meds if indice					Di	Decongestant Ibuprofen (Motrin) Diphenhydramimne (Benadryl) Imodium (Anti Diarrhea)					
	=	to use these					p treatments				
I	Routine Ca						ive my child first a are procedures.	aid and			
In ar	n Emergen	cy: I grant p treatmer understa emerger	ermission to nt if necessa and the cam	b Bay Shore ry for the ca p will make nt. In the ev	Camp to see amper name every possi ent I am una	cure emerge d on this for ble effort to	me procedures: ency medical/surg m while at camp. contact me prior nergency treatme	l to			
Assump	tion of Ris	camping	j activities (c	outdoor acti		, aquatics, t	re risks inherent t ransportation, etc				
Parent/Guard	ian Signat	ure:						Dat	/ e:/	1	

Is your camper having difficulty with any of the following conditions? (Please check)											
yes no	1	yes	no		yes no						
ADHD	Dental	Problems		Heart Trouble/Murmur							
Asthma/Wheezes		Diabetes		Infectious Diseases							
Bed Wetting	Frequent	Ear Aches		Sleep Walking							
Constipation	Frequent S	ore Throat		Skin Rash							
Convulsions/Seizures											
Are your immunizati	ons up to date? No	Yes	Date of last tet	anus: / /							
Any conditions limiting participation in activities? No Yes If yes, please list:											
Is your camper on a special diet?	No Yes	Туре:									
If so, please contact the camp at least two weeks prior to camp to make arrangements with the kitchen. Please attach a detailed list of allowed and prohibited foods for the nurse and counselor.											
Additional medical information, previous surgeries/injuries/serious illnesses/dietary concerns:											
Confidential guidance information for cam positive camp experience possible, such as positively or negatively affecting your cam	s recent changes in family per at this time.This infor	relationships, lea mation will be kep	arning/behavioral								
My child MAY BE release	Release d from camp to the followi	Information ng persons (incluc	de relationship) in	addition to myself:							
My child may <u>NOT</u> be released from camp to the following persons (include relationship):											