

2008 CAMP HARLOW MEDICAL PERMISSION FORM

CAMPER'S NAME _____ Birth Date _____ Age ___ Male ___ Female ___

Mother or Legal Guardian _____ Home Phone _____ Work _____ Cell _____

Father or Legal Guardian _____ Home Phone _____ Work _____ Cell _____

Emergency Contact _____ Home Phone _____ Work _____ Cell _____

Name of Child's Physician _____ Phone _____

HEALTH AND MEDICATION INFORMATION

Please list any current medical conditions or concerns and any recent injury _____

Date of last tetanus shot (required) _____

Does your child have asthma? Yes _____ NO _____ If yes, how are they treated and what is the frequency and severity of the attacks? _____

Known Allergies ___ Hay Fever ___ Food ___ Bee Sting ___ Medication ___ Latex ___ Other _____

What is the reaction and how do you treat at home? _____

Does your camper need a special diet? _____ If yes, a form will be sent to you from Food Services.

Any prosthetic device, contacts, glasses? _____

Any limitation to activities? _____

Any Bedwetting _____ or Sleepwalking _____ (Condition may warrant a bottom bunk)

INSTRUCTIONS FOR MEDICATIONS AT CAMP HARLOW

1. All medication must be turned in to the nurse at registration. Do Not pack in your campers luggage.
2. Medication must be in original containers with the camper's name and instructions.
3. Sample medications will be accepted with a doctor's note authorizing the medication with dosage and instruction.
4. All medication is kept in the Nurse's Station and administered there.
5. Students who need emergency inhalers or epi-pens must carry them in a fanny pack with them at all times. You may choose to leave these with the nurse. If not, you must leave a back up supply at the Nurse's Station.
6. Over the counter medications are not accepted. Please see the list of over the counter medications on hand on the reverse side. These are medications we have on hand.

PLEASE REMEMBER TO PICK UP ALL MEDICATIONS AT THE END OF THE WEEK AT THE GAZEBO

CAMPER'S NAME _____

<u>NAME OF MEDICATION AND DOSAGE</u>	<u>TIME GIVEN</u>	<u>REASON FOR MEDICATION</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

We have an Albuterol Inhaler and Epi-pen for Emergency Use.

OVER -THE -COUNTER MEDICATIONS

The Camp Harlow consulting physician has issued standing orders permitting the dispensing of common over-the-counter medications. These will be dispensed as needed. Do not send these medications with your camper. Also, please initial any medication that you **DO NOT** want your child to have.

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|---|---|
| <input type="checkbox"/> Non- aspirin pain reliever (Tylenol or generic) | <input type="checkbox"/> Immodium (for diarrhea) |
| <input type="checkbox"/> Advil | <input type="checkbox"/> Meat Tenderizer (for stings/bites) |
| <input type="checkbox"/> Activated Charcoal (Emergency Only) | <input type="checkbox"/> Motrin |
| <input type="checkbox"/> Antacid (Mylanta, Tums) | <input type="checkbox"/> Mosquito repellent |
| <input type="checkbox"/> Antibiotic Ointment (Triple Antibiotic, Bactroban) | <input type="checkbox"/> Nausea Relief (Little Tummy's) |
| <input type="checkbox"/> Antihistamine/decongestant (Benadryl, Sudagest} | <input type="checkbox"/> Pepto Bismol |
| <input type="checkbox"/> Blistex lip balm | <input type="checkbox"/> Skin lotion for dry skin (Eucerin) |
| <input type="checkbox"/> Calamine lotion/Caladryl | <input type="checkbox"/> Sterile saline/Refresh for eyes |
| <input type="checkbox"/> Cough syrup (Robitussin) | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Cough lozenges/drops | <input type="checkbox"/> Tec Nu (for Poison Oak) |
| <input type="checkbox"/> Gatorade | <input type="checkbox"/> Witch Hazel (for minor burns) |
| <input type="checkbox"/> Hydrocortisone Cream 1% | |

PARENTAL RELEASE AND PERMISSION

A I, the parent or legal guardian of the above camper, hereby give permission to Camp Harlow to administer medications as listed above. I understand that it is my responsibility to provide prescription medication in original pharmacy containers or as labeled physician samples. **B** I understand that if my child requires medical attention in addition to that described above, that Camp Harlow with attempt to contact me first. If I am unavailable, I authorize Camp Harlow to contact my child's physician. If neither I nor my child's physician is available, I authorize Camp Harlow/First Baptist Church to order X-rays, routine test, and treatment; to release any records necessary for insurance purposes and to provide or arrange transportation for my child to a nearby clinic or hospital. I will defend Camp Harlow from all liability and claims of liability and will hold harmless Camp Harlow, its staff and First Baptist Church of Eugene, and its pastors from any claim of liability arising from attending camp. **C** I, the parent or legal guardian of the above camper, hereby give permission for my child to travel to and participate in offsite Camp Harlow activities/trips: Breakfast on the Butte, Paintball, Service Projects, and Lake Day (for High School). **D** I, the parent or legal guardian of the above camper, hereby give permission for my child's picture and/or likeness to be used for Camp Harlow promotion and advertising, including media for camp brochures, articles and camp website. **E** I, the parent or legal guardian of the above camper, hereby give permission for my child to ride and/or work around horses at Camp Harlow. This form may be photocopied for trips away from camp.

Signature of Parent/Guardian _____ **Date** _____