

**Silver Maple Camp Health Form (please attach a copy (front and back) of your family health card)**

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Alternate contact \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone: \_\_\_\_\_

Medical insurance yes / no Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Primary doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Immunizations: My child has had the original tetanus/diphtheria shots. Yes /No Last booster (date) \_\_\_\_\_

Allergies to medicine, environment, chemicals, etc. and reaction seen \_\_\_\_\_

List any diagnosed medical, emotional, psychiatric problems \_\_\_\_\_

List any conditions limiting participation in camp activities \_\_\_\_\_

**Medication Policy:**

- Fill out the form and sign for each medication you are bringing for your child. (see below)
- Bring each medicine in the original prescription bottle with only the amount needed for the week. (Empty bottles will be returned.)
- Only campers age 18 or over may have prescription medicine in their possession. Medications must be kept in a locked container inaccessible to others. The counselor and nurse need to be informed about these medications.
- Exceptions will be made for emergency allergy inhalers and injectables, but require a signed waiver. (see below).

**Medications Form:** I, as parent/guardian for \_\_\_\_\_, give my permission for the SMC nurses to dispense the following medication(s) to my child while at camp. Signed: \_\_\_\_\_

Name of Medication	Dosage	# Times/Day	Time Given	Reason for Medication	Observed Side Effects	Parent/Guardian Signature (required)

**Medication Waiver :**(for asthma inhalers and allergy medication or injectables) I, as parent/legal guardian for \_\_\_\_\_, give my permission for him/her to keep the following medications in his/her possession in case of an emergency situation. Signed \_\_\_\_\_

Name of Medication	Emergency requiring use

**OTC Permission:** (ex. Tylenol, Benadryl, etc) I, as parent/guardian for \_\_\_\_\_, give permission for the SMC nurses to dispense the following over the counter medication(s) to my child while at camp. Signed: \_\_\_\_\_

Name of Medication	Reason for Medication

As nurses responsible for your children, we appreciate your cooperation. It is a responsibility that we take very seriously. Thank you!  
---the SMC nurses