

Special Camp's Health Form

phone: (630) 690-0944 / email: colleen.scamps@icloud.com

Name: _____ Parent / Emergency Contact Names: _____

Age _____ Weight _____ Cell: _____ Phone #2: _____

Please Check Any Medications The Camper May Take While At Camp.

Tylenol Ibuprofen/Advil Pepto Bismol Miralax Imodium Neosporin
 Hydrocortisone Melatonin Cough Drops / Tums **ANY OF ABOVE**

Please list All Allergies: including all food, drug, plants, animals: _____

Your camp nurse will have this form with her at all times. Most medications will be distributed during meals. Meds given at other times, may make them miss an activity session. **Please list medications, dosages and time of day** on this sheet. Please call the camp office if any medications change prior to camp.

Give medication with food / drink: _____ Give medication special way: _____
 Special Diet: _____

It would be nice to know what you do at home if Constipation occurs _____

Breakfast Medications: (7 - 8 a.m.)

Please indicate Medications & Dosage

PLEASE LEAVE

THIS SPACE

BLANK.

Lunch Medications (12 - 1 p.m.)

Please indicate Medications & Dosage

THANK YOU.

Dinner Time Medications (5 - 6 p.m.)

Please indicate Medications & Dosage

Bedtime Medications (8 - 9 pm)

Please indicate Medications and Dosage

Any Treatments to be continued at camp _____

Activities to be encourage or limited _____

To the best of my knowledge the patient does does not have any communicable diseases.

To the best of my knowledge the patient's immunizations are up to date yes no.

Licensed Physician's Signature _____ **Date:** _____

Physician's Name (Neatly print or stamped) _____ **Phone()** _____

